# IN PERSON & VIRTUAL BOARD MEETING

**MAY 7, 2025 AT 8:30 AM***

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE MEETING**

*The Committee meeting will be held prior to the Board of Retirement meeting scheduled prior.

## TO VIEW VIA WEB

**https://lacera.com/leadership/board-meetings**

## TO PROVIDE PUBLIC COMMENT

**Members of the public may address the Board orally and in writing. To provide Public Comment, please visit the above link and complete the request form.**

**Attention:** If you have any questions, you may email PublicComment@lacera.com.

**LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION**
**300 N. LAKE AVENUE, SUITE 650, PASADENA, CA**

AGENDA

A REGULAR MEETING OF THE INSURANCE, BENEFITS & LEGISLATIVE

COMMITTEE AND BOARD OF RETIREMENT*

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

8:30 A.M., WEDNESDAY, MAY 7, 2025

*This meeting will be conducted by the Insurance, Benefits and Legislative Committee and Board of Retirement both in person and by teleconference under California Government Code Sections 54953(f).*

*Any person may view the meeting in person at LACERA's offices or online at https://LACERA.com/leadership/board-meetings.*

*The Committee may take action on any item on the agenda, and agenda items may be taken out of order.*

COMMITTEE TRUSTEES:

Les Robbins, Chair
Ronald Okum, Vice Chair
Aleen Langton, Trustee
Wayne Moore, Trustee
Shawn R. Kehoe, Alternate Trustee

I. CALL TO ORDER

II. PROCEDURE FOR TELECONFERENCE MEETING ATTENDANCE UNDER AB 2449, California Government Code Section 54953(f)

A. Just Cause
B. Action on Emergency Circumstance Requests
C. Statement of Persons Present at AB 2449 Teleconference Locations

III. APPROVAL OF MINUTES

A. Approval of the Minutes of the Regular Meeting of April 2, 2025

IV. PUBLIC COMMENT

(Members of the public may address the Committee orally and in writing. To provide Public Comment, you should visit https://LACERA.com/leadership/board-meetings and complete the request form.

If you select oral comment, we will contact you via email with information and instructions as to how to access the meeting as a speaker. You will have up to 3 minutes to address the Committee. Oral comment requests will be accepted up to the close of the Public Comment item on the agenda.

If you select written comment, please input your written public comment within the form as soon as possible and up to the close of the meeting. Written comment will be made part of the official record of the meeting. If you would like to remain anonymous at the meeting without stating your name, please leave the name field blank in the request form. If you have any questions, you may email PublicComment@lacera.com.)

V. REPORTS

A. **Engagement Report for April 2025**
Barry W. Lew, Legislative Affairs Officer
(For Information Only)

B. **Staff Activities Report for April 2025**
Cassandra Smith, Director, Retiree Healthcare
(For Information Only)

C. **LACERA Claims Experience**
Michael Szeto, Segal Consulting
(Presentation)

D. **Federal Legislation**
Stephen Murphy, Segal Consulting
(For Information Only)

VI. ITEMS FOR STAFF REVIEW
(This item summarizes requests and suggestions by individual trustees during the meeting for consideration by staff. These requests and suggestions do not constitute approval or formal action by the Board, which can only be made separately by motion on an agendized item at a future meeting.)

VII. ITEMS FOR FUTURE AGENDAS
(This item provides an opportunity for trustees to identify items to be included on a future agenda as permitted under the Board's Regulations.)

VIII. GOOD OF THE ORDER
(For Information Purposes Only)

IX. ADJOURNMENT

**The Board of Retirement has adopted a policy permitting any member of the Board to attend a standing committee meeting open to the public. In the event five or more members of the Board of Retirement (including members appointed to the Committee) are in attendance, the meeting shall constitute a joint meeting of the Committee and the Board of Retirement. Members of the Board of Retirement who are not members of the Committee may attend and participate in a meeting of a Board Committee but may not vote on any matter discussed at the meeting. The only action the Committee may take at the meeting is approval of a recommendation to take further action at a subsequent meeting of the Board.**

**Any documents subject to public disclosure that relate to an agenda item for an open session of the Committee, that are distributed to members of the Committee less than 72 hours prior to the meeting, will be available for public inspection at the time they are distributed to a majority of the Committee, at LACERA's offices at 300 North Lake Avenue, Suite 820, Pasadena, California during normal business hours from 9:00 a.m. to 5:00 p.m. Monday through Friday *and will also be posted on lacera.com at the same time,* Board Meetings | LACERA*.***

***Requests for reasonable modification or accommodation of the telephone public access and Public Comments procedures stated in this agenda from individuals with disabilities, consistent with the Americans with Disabilities Act of 1990, may call the Board Offices at (626) 564-6000, Ext. 4401/4402 from 8:30 a.m. to 5:00 p.m. Monday through Friday or email PublicComment@lacera.com, but no later than 48 hours prior to the time the meeting is to commence.***

# MINUTES OF THE REGULAR MEETING OF THE INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE AND BOARD OF RETIREMENT*

LOS ANGELES COUNTY EMPLOYEES RETIREMENT ASSOCIATION

300 N. LAKE AVENUE, SUITE 810, PASADENA, CA 91101

8:32 A.M. – 9:00 A.M., WEDNESDAY, APRIL 2, 2025

This meeting was conducted by the Insurance, Benefits & Legislative Committee both in person and by teleconference under California Government Code Section 54953(f)

COMMITTEE TRUSTEES

PRESENT: Les Robbins, Chair

Ronald Okum, Vice Chair

Aleen Langton, Trustee

Wayne Moore, Trustee

Shawn R. Kehoe, Alternate Trustee

OTHER BOARD OF RETIREMENT TRUSTEES

Bobbie Fesler, Trustee *(arrived at 8:46 a.m.)*

Elizabeth Ginsberg, Trustee

JP Harris, Trustee

David Ryu, Trustee *(arrived at 8:35 a.m.)*

STAFF, ADVISORS AND PARTICIPANTS

Cassandra Smith, Director, Retiree Healthcare

Luis A. Lugo, Deputy Chief Executive Officer

JJ Popowich, Assistant Executive Officer

Laura Guglielmo, Assistant Executive Officer

Steven P. Rice, Chief Counsel

Barry W. Lew, Legislative Affairs Officer

Segal Consulting
Stephen Murphy, Sr. Vice President
Michael Szeto, Sr. Actuarial Associate

I. CALL TO ORDER

This meeting was called to order by Chair Robbins at 8:32 a.m.

II. PROCEDURE FOR TELECONFERENCE MEETING ATTENDANCE UNDER AB 2449, California Government Code Section 54953(f)

A. Just Cause
B. Action on Emergency Circumstance Requests
C. Statement of Persons Present at AB 2449 Teleconference Locations

There were no requests received.

III. APPROVAL OF MINUTES

A. Approval of the Minutes of the Regular Meeting of March 5, 2025

Trustee Okum made a motion, Trustee Moore seconded, to approve the minutes of the regular meeting of March 5, 2025. The motion passed by the following roll call vote:

Yes: Okum, Langton, Moore, Robbins

No: None

IV. PUBLIC COMMENT

There were no requests from the public to speak.

V. NON-CONSENT ITEMS

A. A**ssembly Bill 1383 – PEPRA Compensation Limit**
Recommendation as submitted by Barry W. Lew, Legislative Affairs Officer: That the Committee recommend the Board of Retirement adopt a "Neutral" position on Assembly Bill 1383, which would adjust the pensionable compensation limit to be consistent with the defined benefit limitation under federal law. (Memo dated March 18, 2025)

Trustee Langton made a motion, Trustee Robbins seconded, to recommend the Board of Retirement adopt a "Watch" position on Assembly Bill 1383. The motion passed by the following roll call vote:

Yes: Langton, Moore, Robbins

No: Okum

V. NON-CONSENT ITEMS (Continued)

B. **Senate Bill 853 – Public Employees' Retirement**
Recommendation as submitted by Barry W. Lew, Legislative Affairs Officer: That the Committee recommend the Board of Retirement adopt a "Support" position on Senate Bill 853, which would provide clarification and technical updates to the County Employees Retirement Law of 1937. (Memo dated March 20, 2025)

Trustee Okum made a motion, Trustee Robbins seconded, to approve staff recommendation. The motion passed by the following roll call vote:

Yes: Okum, Langton, Moore, Robbins

No: None

VI. REPORTS

A. **Engagement Report for March 2025**
Barry W. Lew, Legislative Affairs Officer
(For Information Only)

The engagement report was discussed. This item was received and filed.

B. **Staff Activities Report for March 2025**
Cassandra Smith, Director, Retiree Healthcare
(For Information Only)

The staff activities report was discussed. This item was received and filed.

C. **LACERA Claims Experience**
Michael Szeto, Segal Consulting
(Presentation)

The LACERA Claims Experience reports through February 2025 were discussed. This item was received and filed.

VI. REPORTS (Continued)

D. **Federal Legislation**
Stephen Murphy, Segal Consulting
(For Information Only)

Segal Consulting gave an update on federal legislation. This item was received and filed.

VII. ITEMS FOR STAFF REVIEW
(This item summarizes requests and suggestions by individual trustees during the meeting for consideration by staff. These requests and suggestions do not constitute approval or formal action by the Board, which can only be made separately by motion on an agendized item at a future meeting.)

There was nothing to report.

VIII. ITEMS FOR FUTURE AGENDAS
(This item provides an opportunity for trustees to identify items to be included on a future agenda as permitted under the Board's Regulations.)

There was nothing to report.

IX. GOOD OF THE ORDER
(For Information Purposes Only)

There was nothing to report.

X. ADJOURNMENT

There being no further business to come before the Committee, the meeting was adjourned at 9:00 a.m.

***The Board of Retirement has adopted a policy permitting any member of the Board to attend a standing committee meeting open to the public. In the event five or more members of the Board of Retirement (including members appointed to the Committee) are in attendance, the meeting shall constitute a joint meeting of the Committee and the Board of Retirement. Members of the Board of Retirement who are not members of the Committee may attend and participate in a meeting of a Board Committee but may not vote on any matter discussed at the meeting. The only action the Committee may take at the meeting is approval of a recommendation to take further action at a subsequent meeting of the Board.**

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE**
**ENGAGEMENT REPORT**
**APRIL 2025**
**FOR INFORMATION ONLY**

## Alaska Lawmakers Say Pension Reform is a Two-Year Project

Revamping retirement options for Alaska's public sector is expected to be a two-year project, making the adoption of a new pension bill unlikely before this year's legislative session ends. Both the House and Senate coalitions identified pension reform as a top priority due to ongoing recruitment and retention challenges. Senate Majority Leader Cathy Giessel has advocated for a new defined benefit plan since 2023, but progress has been slow, with the bill currently stalled in the House Finance Committee.

House Majority Leader Chuck Kopp cited factors like prolonged budget debates for the delay. Alaska discontinued its previous defined benefit plan in 2006 due to unfunded liabilities, leaving public sector workers with a defined contribution plan similar to a 401(k). This change has contributed to recruitment and retention issues, as many workers lack sufficient retirement funds.

Public sector union leaders argue that the lack of a defined benefit option is a key driver of high vacancy rates. The proposed House Bill 78 aims to create a new defined benefit program, but concerns about costs and the specifics of the plan persist. The bill's cost is estimated at $580 million over 14 years, but proponents argue it will save money in the long run by reducing turnover and training costs. (Source)

## Pennsylvania State Retirees Receive First COLA in 23 Years

The state House has passed a bill to provide a cost-of-living raise to approximately 59,000 retired teachers and state employees whose pension benefits have remained unchanged since 2002. This issue stems from the State Employees Retirement System (SERS) and the Pennsylvania School Employees Retirement Systems (PSERS). In 2001, Act 9 increased benefits for current employees but left retirees with only a one-time increase in 2002. Inflation has since reduced the value of their pensions significantly as the purchasing power of their 2002 dollar is $0.56 today.

The bill, authored by Rep. Steve Malagari, D-Montgomery County, proposes a sliding scale increase of 15% to 24.5% for pre-Act 9 retirees, with the largest boost for those who retired before July 1982. The cost of these benefits will be amortized over ten years. The bill passed with a vote of 131-to-72, supported by the Democratic majority and some Republicans.

However, GOP members expressed concerns about the financial implications, as the costs are not included in Gov. Josh Shapiro’s budget proposal. The added benefits would increase the state’s unfunded pension liability by about $979 million. Some Republicans questioned the necessity of the raise for retirees who also receive Social Security

benefits, while Democrats argued that state-funded benefits should be increased for those in need. (Source)

**Debate over Pension Calculations in Connecticut**
Legislators are continuing a debate whether to exclude overtime earnings from pension calculations for state employees. A Republican lawmaker introduced a measure to exclude the overtime from pension calculations and argued that reform was necessary due to rising overtime costs. However, labor unions contend that this change would unfairly impact employees, particularly those in hazardous jobs like correction officers and state troopers, who face mandatory overtime due to staffing shortages. They suggest reversing staffing cutbacks instead.

Sen. Cathy Osten, D-Sprague, highlights a 10% vacancy rate in hazardous duty jobs, attributing it to past budget deficits and hiring freezes. Osten predicts the proposed measure will not pass the committee. Correction officers Sarah Peters and Michael Pearson testified that mandatory overtime is detrimental to their health and family life.

Sen. Rob Sampson, R-Wolcott, supports the measure, citing concerns over "pension spiking." Connecticut faces over $35 billion in unfunded pension liabilities. Although the Yankee Institute for Public Policy supports the bill, emphasizing fiscal responsibility, it also advocates a delayed implementation to avoid mass retirements of command-level staff. Critics argue that removing overtime from pension calculations would exacerbate pay disparities and harm the blue-collar workforce. Governor Ned Lamont's administration has not yet taken a position on the bill. (Source)

**Understanding Retirement Benefits for State Legislators**
Retirement plan benefits for public employees are generally consistent across states. However, benefits for state legislators vary widely in terms of available plans and participation requirements. The National Association of State Retirement Administrators (NASRA) released a paper providing an overview of benefits for state legislators.

- Participation: Ten states provide no retirement benefit for their legislators. Of the 40 that provide benefits, 20 allow legislators to opt out of participating.
- Of the 40 states that offer a retirement plan to legislators, 18 offer a defined benefit pension plan, 6 offer a hybrid plan, and 8 offer a defined contribution plan. The remaining eight states offer a choice of either a defined benefit or defined contribution plan or a hybrid or defined contribution plan.

California previously provided benefits to state legislators in the Legislators' Retirement System (LRS), which is administered by CalPERS. In 1990, the California Constitution was amended to prohibit state lawmakers from earning pension benefits for their state

legislative service; they may only participate in the federal Social Security system for their service. Currently, Assembly Constitutional Amendment 2 seeks to repeal the prohibition and establish a retirement system for members elected to or serving in the Legislature on or after November 1, 2010. If passed by a two-thirds vote of the Legislature, ACA 2 would become a ballot proposition to be voted on by the people of California. (Source) (Source)

**Social Security Administration Releases New Form SSA-1945**

The form requires employers to provide it to employees in a job not covered by Social Security. Previously, the form outlined the impacts of the Windfall Elimination Provision and Government Pension Offset for employees in noncovered employment. Although those reductions to Social Security benefits were repealed, the form is still required to ensure employees understand that they will not earn Social Security credits in the job but that the earnings in the job will be subject to Medicare taxes and count for Medicare eligibility. The new form will be used for onboarding new LACERA employees. (Source)

**INSURANCE, BENEFITS & LEGISLATIVE COMMITTEE**
**RETIREE HEALTHCARE BENEFITS PROGRAM**
**STAFF ACTIVITIES REPORT**
**APRIL 2025**
**FOR INFORMATION ONLY**

## LACERA Retiree Healthcare Wellness Program Called Staying Healthy Together – Spring Workshop

The half-day retiree wellness workshop was held on April 29, 2025, at the Diamond Bar Center in Diamond Bar attended by over 350 members. It was a successful event and well received by our members who are very grateful to LACERA. Here's some of the feedback that we received:

*"This was the first time I have attended a LACERA workshop, and I really enjoyed it. Great job!"*

*"It was great seeing lots of old friends and it made me realize how important it is to stay socially connected."*

*"My husband and I really enjoyed everything. The speakers were informative, and the activities and food were exciting and delicious!"*

*"Great workshop and best location so far! The speaker was fantastic, as was the dance instructor."*

We thank our event sponsors (Anthem Blue Cross, Cigna, CVS Caremark, Kaiser Permanente, SCAN Health Plan, UnitedHealthcare, RELAC), the Segal Team, Retiree Healthcare Staff and Member Services Staff for their partnership and support in making this a successful and memorable experience for our members.

Our thanks to Luis Lugo for providing the welcome remarks to our members and to the Trustees who also attended.

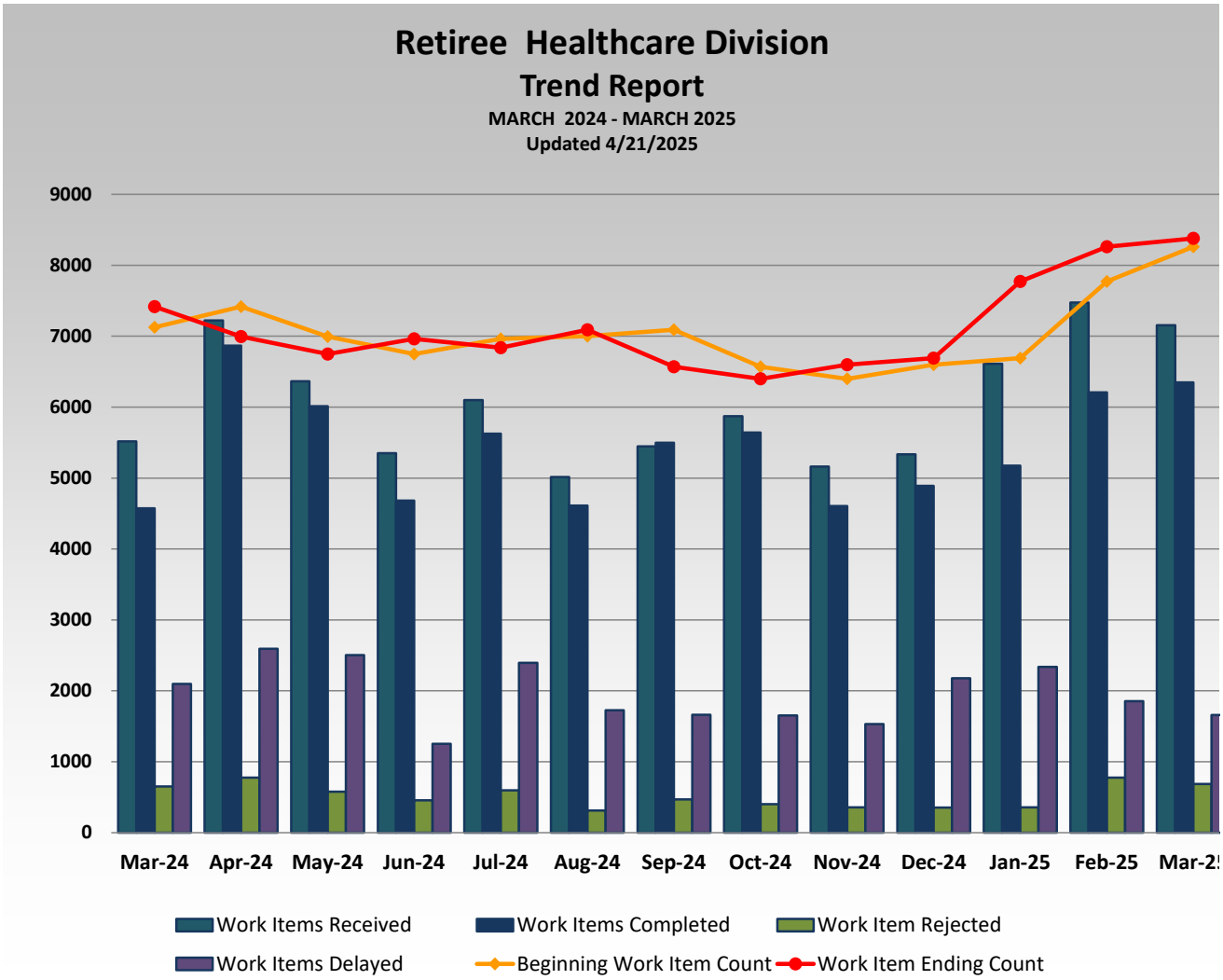
**Centers for Medicare and Medicaid Services (CMS) Medicare Part D Retiree Drug Subsidy (RDS) Applications for FY 7/1/2025 – 6/30/2026**

Staff submitted the new RDS applications for FY 2025-2026 for the following plans:

- Anthem Blue Cross
- Cigna Medical
- Kaiser Permanente
- LACFF Local 1014

CMS/RDS confirmed the applications were received and approved. We thank our carriers and Segal for their support in the completion of the applications.

As a background, the Retiree Drug Subsidy (RDS) Program was authorized by the Medicare Prescription Drug, Improvement, and Modernization Act enacted in 2023 that permits employers and unions with qualifying prescription drug plans to receive retiree drug subsidy payments from the federal government. To qualify for the subsidy, a Plan Sponsor must show that its coverage is "actuarially equivalent" to, or at least as generous as, the defined standard Medicare Part D coverage.

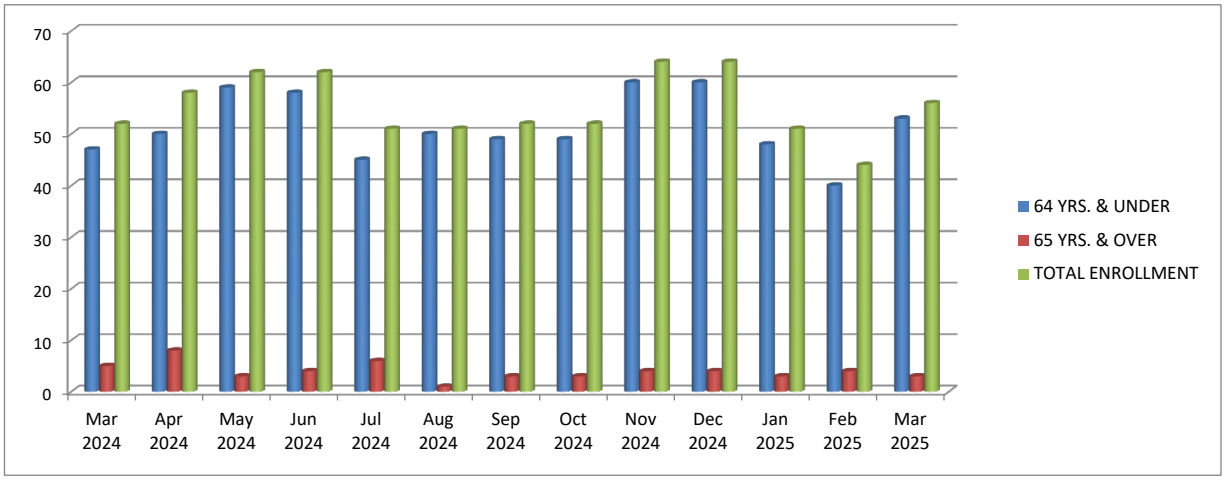



| | Beginning Work Item Count | Work Items Received | Work Items Completed | Work Item Rejected | Work Items Delayed | Work Item Ending Count |
|---|---|---|---|---|---|---|
| **Mar-24** | 7127 | 5516 | 4573 | 653 | 2097 | 7417 |
| **Apr-24** | 7417 | 7221 | 6865 | 775 | 2593 | 6994 |
| **May-24** | 6994 | 6363 | 6012 | 579 | 2504 | 6749 |
| **Jun-24** | 6749 | 5351 | 4681 | 458 | 1252 | 6961 |
| **Jul-24** | 6961 | 6098 | 5624 | 596 | 2396 | 6839 |
| **Aug-24** | 7000 | 5013 | 4611 | 313 | 1725 | 7089 |
| **Sep-24** | 7089 | 5447 | 5498 | 470 | 1663 | 6568 |
| **Oct-24** | 6568 | 5873 | 5640 | 403 | 1654 | 6398 |
| **Nov-24** | 6398 | 5163 | 4606 | 358 | 1530 | 6597 |
| **Dec-24** | 6597 | 5335 | 4889 | 353 | 2177 | 6690 |
| **Jan-25** | 6690 | 6611 | 5173 | 358 | 2337 | 7770 |
| **Feb-25** | 7770 | 7474 | 6208 | 775 | 1854 | 8261 |
| **Mar-25** | 8261 | 7153 | 6349 | 687 | 1660 | 8378 |

# Retirees Monthly Age Breakdown
## MARCH 2024 - MARCH 2025

**Disability Retirement**

| MONTH | 64 YRS. & UNDER | 65 YRS. & OVER | TOTAL ENROLLMENT |
|---|---|---|---|
| **Mar 2024** | 47 | 5 | 52 |
| **Apr 2024** | 50 | 8 | 58 |
| **May 2024** | 59 | 3 | 62 |
| **Jun 2024** | 58 | 4 | 62 |
| **Jul 2024** | 45 | 6 | 51 |
| **Aug 2024** | 50 | 1 | 51 |
| **Sep 2024** | 49 | 3 | 52 |
| **Oct 2024** | 49 | 3 | 52 |
| **Nov 2024** | 60 | 4 | 64 |
| **Dec 2024** | 60 | 4 | 64 |
| **Jan 2025** | 48 | 3 | 51 |
| **Feb 2025** | 40 | 4 | 44 |
| **Mar 2025** | 53 | 3 | 56 |

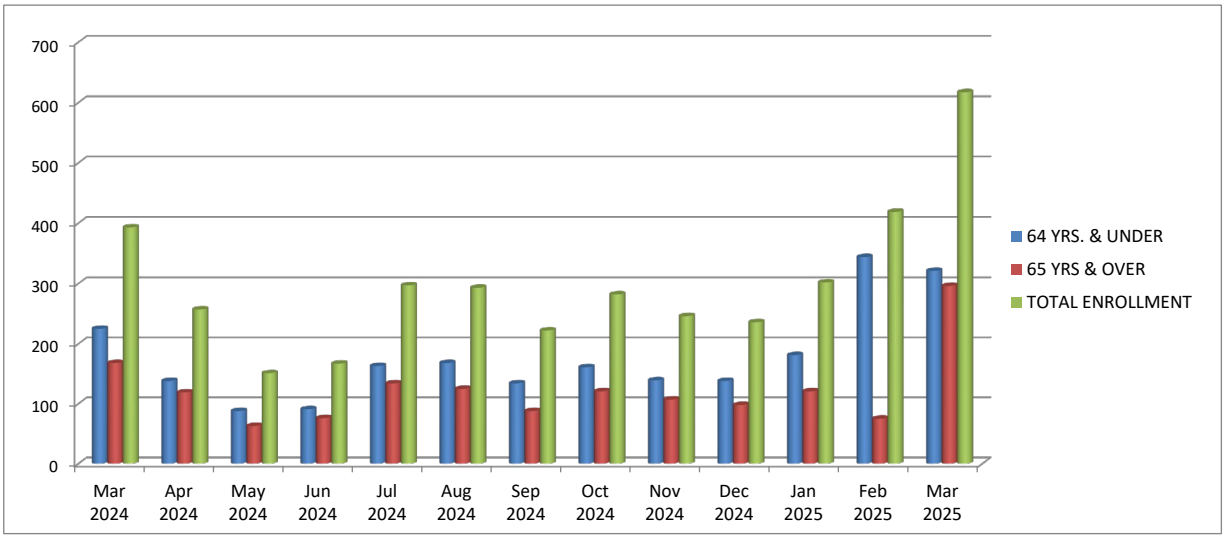



**PLEASE NOTE:**

- **Next Report will include the following dates: April 1, 2024 through April 30, 2025**

# Retirees Monthly Age Breakdown
## MARCH 2024 -MARCH 2025

| Service Retirement | | | |
|---|---|---|---|
| **MONTH** | **64 YRS. & UNDER** | **65 YRS & OVER** | **TOTAL ENROLLMENT** |
| **Mar 2024** | 225 | 168 | 393 |
| **Apr 2024** | 138 | 119 | 257 |
| **May 2024** | 88 | 63 | 151 |
| **Jun 2024** | 91 | 76 | 167 |
| **Jul 2024** | 163 | 134 | 297 |
| **Aug 2024** | 168 | 125 | 293 |
| **Sep 2024** | 134 | 88 | 222 |
| **Oct 2024** | 161 | 121 | 282 |
| **Nov 2024** | 139 | 107 | 246 |
| **Dec 2024** | 138 | 98 | 236 |
| **Jan 2025** | 181 | 121 | 302 |
| **Feb 2025** | 344 | 75 | 419 |
| **Mar 2025** | 321 | 296 | 617 |




**PLEASE NOTE:**

- **Next Report will include the following dates: April 1, 2024, through April 30, 2025.**

## Medicare Part B Reimbursement and Penalty Report

**PAY PERIOD 4/30/2025**

| Deduction Code | No. of Members | Reimbursement Amount | No. of Penalties | Penalty Amount |
|---|---|---|---|---|
| **ANTHEM BC III** | | | | |
| 240 | 7726 | $1,311,875.90 | 0 | $0.00 |
| 241 | 132 | $20,952.40 | 0 | $0.00 |
| 242 | 963 | $165,866.30 | 0 | $0.00 |
| 243 | 4693 | $1,645,771.26 | 0 | $0.00 |
| 244 | 13 | $2,158.80 | 0 | $0.00 |
| 245 | 54 | $9,647.90 | 0 | $0.00 |
| 246 | 15 | $1,600.30 | 0 | $0.00 |
| 247 | 169 | $29,742.80 | 0 | $0.00 |
| 248 | 15 | $4,788.40 | 0 | $0.00 |
| 249 | 91 | $32,329.20 | 0 | $0.00 |
| 250 | 17 | $5,733.50 | 0 | $0.00 |
| **Plan Total:** | **13,888** | **$3,230,466.76** | **0** | **$0.00** |
| | | | | |
| **CIGNA - PREFERRED with RX** | | | | |
| 321 | 35 | $5,471.20 | 0 | $0.00 |
| 322 | 7 | $1,057.90 | 0 | $0.00 |
| 324 | 22 | $7,203.70 | 0 | $0.00 |
| 327 | 1 | $104.90 | 0 | $0.00 |
| **Plan Total:** | **65** | **$13,837.70** | **0** | **$0.00** |
| | | | | |
| **KAISER SR. ADVANTAGE** | | | | |
| 394 | 23 | $2,873.70 | 0 | $0.00 |
| 397 | 2 | $329.60 | 0 | $0.00 |
| 398 | 11 | $4,440.00 | 0 | $0.00 |
| 403 | 12300 | $2,057,057.58 | 0 | $0.00 |
| 413 | 1521 | $262,444.00 | 0 | $0.00 |
| 418 | 6431 | $2,192,027.98 | 0 | $0.00 |
| 419 | 204 | $32,390.60 | 0 | $0.00 |
| 426 | 255 | $43,482.40 | 0 | $0.00 |
| 445 | 2 | $370.00 | 0 | $0.00 |
| 451 | 35 | $5,927.60 | 0 | $0.00 |
| 455 | 7 | $1,295.00 | 0 | $0.00 |
| 457 | 18 | $6,393.40 | 0 | $0.00 |
| 459 | 2 | $740.00 | 0 | $0.00 |
| 462 | 84 | $14,113.70 | 0 | $0.00 |
| 465 | 3 | $555.00 | 0 | $0.00 |
| 466 | 28 | $9,220.20 | 0 | $0.00 |
| 472 | 27 | $4,855.10 | 0 | $0.00 |
| 476 | 4 | $690.50 | 0 | $0.00 |
| 478 | 14 | $5,057.60 | 0 | $0.00 |
| 479 | 1 | $144.60 | 0 | $0.00 |
| 482 | 82 | $13,813.20 | 0 | $0.00 |
| 486 | 3 | $555.00 | 0 | $0.00 |
| 488 | 33 | $11,339.00 | 0 | $0.00 |
| 491 | 1 | $148.50 | 0 | $0.00 |
| 492 | 1 | $185.00 | 0 | $0.00 |
| 0 | 0 | $0.00 | 0 | $0.00 |
| **Plan Total:** | **21,092** | **$4,670,449.26** | **0** | **$0.00** |

**Medicare Part B Reimbursement and Penalty Report**

**PAY PERIOD 4/30/2025**

| Deduction Code | No. of Members | Reimbursement Amount | No. of Penalties | Penalty Amount |
|---|---|---|---|---|
| **SCAN** | | | | |
| 611 | 279 | $48,165.50 | 0 | $0.00 |
| 613 | 100 | $30,744.40 | 0 | $0.00 |
| 620 | 7 | $1,203.60 | 0 | $0.00 |
| 621 | 1 | $370.00 | 0 | $0.00 |
| 622 | 15 | $2,385.70 | 0 | $0.00 |
| 623 | 5 | $4,546.80 | 0 | $0.00 |
| **Plan Total:** | **407** | **$87,416.00** | **0** | **$0.00** |
| | | | | |
| **UNITED HEALTHCARE GROUP MEDICARE ADV. HMO** | | | | |
| 701 | 2200 | $382,860.90 | 0 | $0.00 |
| 702 | 401 | $68,195.30 | 0 | $0.00 |
| 703 | 1423 | $501,174.60 | 0 | $0.00 |
| 704 | 97 | $17,517.70 | 0 | $0.00 |
| 705 | 50 | $16,353.50 | 0 | $0.00 |
| **Plan Total:** | **4,171** | **$986,102.00** | **0** | **$0.00** |
| **Grand Total:** | **39,623** | **$8,988,271.72** | **0** | **$0.00** |

## Medicare Part B Reimbursement and Penalty Report

**PAY PERIOD 4/30/2025**

| Deduction Code | No. of Members | Reimbursement Amount | No. of Penalties | Penalty Amount |
|---|---|---|---|---|
| **ANTHEM BC III** | | | | |
| 240 | 7726 | $1,311,875.90 | 0 | $0.00 |
| 241 | 132 | $20,952.40 | 0 | $0.00 |
| 242 | 963 | $165,866.30 | 0 | $0.00 |
| 243 | 4693 | $1,645,771.26 | 0 | $0.00 |
| 244 | 13 | $2,158.80 | 0 | $0.00 |
| 245 | 54 | $9,647.90 | 0 | $0.00 |
| 246 | 15 | $1,600.30 | 0 | $0.00 |
| 247 | 169 | $29,742.80 | 0 | $0.00 |
| 248 | 15 | $4,788.40 | 0 | $0.00 |
| 249 | 91 | $32,329.20 | 0 | $0.00 |
| 250 | 17 | $5,733.50 | 0 | $0.00 |
| **Plan Total:** | **13,888** | **$3,230,466.76** | **0** | **$0.00** |
| | | | | |
| **CIGNA - PREFERRED with RX** | | | | |
| 321 | 35 | $5,471.20 | 0 | $0.00 |
| 322 | 7 | $1,057.90 | 0 | $0.00 |
| 324 | 22 | $7,203.70 | 0 | $0.00 |
| 327 | 1 | $104.90 | 0 | $0.00 |
| **Plan Total:** | **65** | **$13,837.70** | **0** | **$0.00** |
| | | | | |
| **KAISER SR. ADVANTAGE** | | | | |
| 394 | 23 | $2,873.70 | 0 | $0.00 |
| 397 | 2 | $329.60 | 0 | $0.00 |
| 398 | 11 | $4,440.00 | 0 | $0.00 |
| 403 | 12300 | $2,057,057.58 | 0 | $0.00 |
| 413 | 1521 | $262,444.00 | 0 | $0.00 |
| 418 | 6431 | $2,192,027.98 | 0 | $0.00 |
| 419 | 204 | $32,390.60 | 0 | $0.00 |
| 426 | 255 | $43,482.40 | 0 | $0.00 |
| 445 | 2 | $370.00 | 0 | $0.00 |
| 451 | 35 | $5,927.60 | 0 | $0.00 |
| 455 | 7 | $1,295.00 | 0 | $0.00 |
| 457 | 18 | $6,393.40 | 0 | $0.00 |
| 459 | 2 | $740.00 | 0 | $0.00 |
| 462 | 84 | $14,113.70 | 0 | $0.00 |
| 465 | 3 | $555.00 | 0 | $0.00 |
| 466 | 28 | $9,220.20 | 0 | $0.00 |
| 472 | 27 | $4,855.10 | 0 | $0.00 |
| 476 | 4 | $690.50 | 0 | $0.00 |
| 478 | 14 | $5,057.60 | 0 | $0.00 |
| 479 | 1 | $144.60 | 0 | $0.00 |
| 482 | 82 | $13,813.20 | 0 | $0.00 |
| 486 | 3 | $555.00 | 0 | $0.00 |
| 488 | 33 | $11,339.00 | 0 | $0.00 |
| 491 | 1 | $148.50 | 0 | $0.00 |
| 492 | 1 | $185.00 | 0 | $0.00 |
| **Plan Total:** | **21,092** | **$4,670,449.26** | **0** | **$0.00** |

**Medicare Part B Reimbursement and Penalty Report**

**PAY PERIOD 4/30/2025**

| Deduction Code | No. of Members | Reimbursement Amount | No. of Penalties | Penalty Amount |
|---|---|---|---|---|
| **SCAN** | | | | |
| 611 | 279 | $48,165.50 | 0 | $0.00 |
| 613 | 100 | $30,744.40 | 0 | $0.00 |
| 620 | 7 | $1,203.60 | 0 | $0.00 |
| 621 | 1 | $370.00 | 0 | $0.00 |
| 622 | 15 | $2,385.70 | 0 | $0.00 |
| 623 | 5 | $4,546.80 | 0 | $0.00 |
| **Plan Total:** | **407** | **87,416** | **0** | **0** |
| | | | | |
| **UNITED HEALTHCARE GROUP MEDICARE ADV. HMO** | | | | |
| 701 | 2200 | $382,860.90 | 0 | $0.00 |
| 702 | 401 | $68,195.30 | 0 | $0.00 |
| 703 | 1423 | $501,174.60 | 0 | $0.00 |
| 704 | 97 | $17,517.70 | 0 | $0.00 |
| 705 | 50 | $16,353.50 | 0 | $0.00 |
| **Plan Total:** | **4,171** | **$986,102.00** | **0** | **$0.00** |
| | | | | |
| **LOCAL 1014** | | | | |
| 804 | 202 | $48,874.60 | 0 | $0.00 |
| 805 | 240 | $52,316.60 | 0 | $0.00 |
| 806 | 748 | $300,102.40 | 0 | $0.00 |
| 807 | 63 | $12,875.80 | 0 | $0.00 |
| 808 | 24 | $10,063.80 | 0 | $0.00 |
| 812 | 261 | $53,834.00 | 0 | $0.00 |
| 813 | 2 | $370.00 | 0 | $0.00 |
| **Plan Total:** | **1,540** | **$478,437.20** | **0** | **$0.00** |
| **Grand Total:** | **41,163** | **$9,466,708.92** | **0** | **$0.00** |

# Medical and Dental Vision Insurance Premiums
# May 2025

| Carrier Codes | Member Count | Premium Amount | Member Amount | County Subsidy Amount | Total | Adjustments | Total Paid |
|---|---|---|---|---|---|---|---|
| **Medical Plan** | | | | | | | |
| **Anthem Blue Cross Prudent Buyer Plan** | | | | | | | |
| 201 | 423 | $473,574.08 | $69,673.34 | $402,783.82 | $472,457.16 | $1,116.92 | $473,574.08 |
| 202 | 213 | $472,591.50 | $41,324.31 | $422,474.79 | $463,799.10 | ($4,396.20) | $459,402.90 |
| 203 | 72 | $181,095.48 | $25,254.08 | $150,879.88 | $176,133.96 | ($2,480.76) | $173,653.20 |
| 204 | 27 | $38,764.17 | $10,624.27 | $35,318.45 | $45,942.72 | $0.00 | $45,942.72 |
| **SUBTOTAL** | **735** | **$1,166,025.23** | **$146,876.00** | **$1,011,456.94** | **$1,158,332.94** | **($5,760.04)** | **$1,152,572.90** |
| **Anthem Blue Cross I** | | | | | | | |
| 211 | 512 | $760,716.80 | $41,556.95 | $704,491.15 | $746,048.10 | $5,908.48 | $751,956.58 |
| 212 | 216 | $577,929.59 | $29,562.18 | $540,377.60 | $569,939.78 | $0.00 | $569,939.78 |
| 213 | 78 | $245,044.80 | $25,321.29 | $219,723.51 | $245,044.80 | $0.00 | $245,044.80 |
| 214 | 23 | $44,952.35 | $3,518.00 | $41,434.35 | $44,952.35 | $0.00 | $44,952.35 |
| 215 | 2 | $997.94 | $159.67 | $838.27 | $997.94 | $0.00 | $997.94 |
| **SUBTOTAL** | **831** | **$1,629,641.48** | **$100,118.09** | **$1,506,864.88** | **$1,606,982.97** | **$5,908.48** | **$1,612,891.45** |
| **Anthem Blue Cross II** | | | | | | | |
| 221 | 2,424 | $3,589,401.60 | $174,890.36 | $3,421,896.84 | $3,596,787.20 | $1,477.12 | $3,598,264.32 |
| 222 | 2,041 | $5,470,356.58 | $121,284.97 | $5,252,393.89 | $5,373,678.86 | ($2,663.27) | $5,371,015.59 |
| 223 | 946 | $2,984,520.00 | $120,182.14 | $2,867,479.46 | $2,987,661.60 | $0.00 | $2,987,661.60 |
| 224 | 239 | $467,113.55 | $49,147.24 | $429,693.01 | $478,840.25 | $0.00 | $478,840.25 |
| **SUBTOTAL** | **5,650** | **$12,511,391.73** | **$465,504.71** | **$11,971,463.20** | **$12,436,967.91** | **($1,186.15)** | **$12,435,781.76** |

# Medical and Dental Vision Insurance Premiums
## May 2025

| Carrier Codes | Member Count | Premium Amount | Member Amount | County Subsidy Amount | Total | Adjustments | Total Paid |
|---|---|---|---|---|---|---|---|
| **Anthem Blue Cross III** | | | | | | | |
| 240 | 7,767 | $4,676,854.49 | $589,710.61 | $4,092,556.21 | $4,682,266.82 | ($15,005.36) | $4,667,261.46 |
| 241 | 129 | $253,865.04 | $20,886.20 | $221,439.52 | $242,325.72 | $0.00 | $242,325.72 |
| 242 | 949 | $1,861,676.96 | $114,400.29 | $1,703,042.61 | $1,817,442.90 | ($1,923.22) | $1,815,519.68 |
| 243 | 4,709 | $5,653,036.74 | $573,392.04 | $5,059,292.81 | $5,632,684.85 | ($24,306.08) | $5,608,378.77 |
| 244 | 13 | $14,001.00 | $1,787.82 | $12,213.18 | $14,001.00 | $0.00 | $14,001.00 |
| 245 | 55 | $59,235.00 | $6,344.57 | $52,890.43 | $59,235.00 | ($1,077.00) | $58,158.00 |
| 246 | 14 | $35,980.50 | $3,646.02 | $29,935.78 | $33,581.80 | $0.00 | $33,581.80 |
| 247 | 172 | $419,772.50 | $19,525.42 | $388,253.58 | $407,779.00 | $0.00 | $407,779.00 |
| 248 | 15 | $25,088.40 | $2,140.87 | $22,947.53 | $25,088.40 | $0.00 | $25,088.40 |
| 249 | 91 | $153,875.52 | $11,373.43 | $139,156.97 | $150,530.40 | $0.00 | $150,530.40 |
| 250 | 17 | $31,865.99 | $2,436.81 | $29,429.18 | $31,865.99 | $0.00 | $31,865.99 |
| **SUBTOTAL** | **13,931** | **$13,185,252.14** | **$1,345,644.08** | **$11,751,157.80** | **$13,096,801.88** | **($42,311.66)** | **$13,054,490.22** |
| **CIGNA Network Model Plan** | | | | | | | |
| 301 | 214 | $407,280.95 | $100,592.21 | $304,901.36 | $405,493.57 | $0.00 | $405,493.57 |
| 302 | 54 | $188,133.55 | $44,252.07 | $140,460.87 | $184,712.94 | $0.00 | $184,712.94 |
| 303 | 6 | $24,234.48 | $5,367.05 | $14,828.35 | $20,195.40 | $0.00 | $20,195.40 |
| 304 | 12 | $30,164.04 | $11,401.31 | $18,762.73 | $30,164.04 | $0.00 | $30,164.04 |
| **SUBTOTAL** | **286** | **$649,813.02** | **$161,612.64** | **$478,953.31** | **$640,565.95** | **$0.00** | **$640,565.95** |
| **CIGNA Preferred w/ Rx - Phoenix, AZ** | | | | | | | |
| 321 | 35 | $12,140.10 | $1,429.07 | $10,711.03 | $12,140.10 | $0.00 | $12,140.10 |
| 322 | 7 | $13,111.98 | $749.25 | $12,362.73 | $13,111.98 | $0.00 | $13,111.98 |
| 324 | 22 | $15,085.84 | $2,194.32 | $12,891.52 | $15,085.84 | $0.00 | $15,085.84 |
| 327 | 1 | $2,492.31 | $498.46 | $1,993.85 | $2,492.31 | $0.00 | $2,492.31 |
| **SUBTOTAL** | **65** | **$42,830.23** | **$4,871.10** | **$37,959.13** | **$42,830.23** | **$0.00** | **$42,830.23** |

# Medical and Dental Vision Insurance Premiums
# May 2025

| Carrier Codes | Member Count | Premium Amount | Member Amount | County Subsidy Amount | Total | Adjustments | Total Paid |
|---|---|---|---|---|---|---|---|
| **Kaiser/Senior Advantage** | | | | | | | |
| 401 | 1,560 | $2,133,465.85 | $149,842.21 | $1,970,112.14 | $2,119,954.35 | $6,755.75 | $2,126,710.10 |
| 403 | 12,280 | $3,495,829.60 | $302,114.23 | $3,157,568.17 | $3,459,682.40 | ($4,582.12) | $3,455,100.28 |
| 404 | 441 | $574,300.77 | $7,830.22 | $556,099.43 | $563,929.65 | $5,185.56 | $569,115.21 |
| 405 | 1,476 | $2,004,112.40 | $18,145.44 | $1,980,550.44 | $1,998,695.88 | ($1,354.13) | $1,997,341.75 |
| 411 | 1,935 | $5,253,885.00 | $216,028.85 | $4,986,664.45 | $5,202,693.30 | $16,165.80 | $5,218,859.10 |
| 413 | 1,495 | $2,482,214.85 | $114,601.15 | $2,304,217.25 | $2,418,818.40 | $6,502.20 | $2,425,320.60 |
| 414 | 44 | $118,779.30 | ($211.17) | $113,711.39 | $113,500.22 | ($2,639.54) | $110,860.68 |
| 418 | 6,363 | $3,583,564.80 | $245,488.51 | $3,268,047.97 | $3,513,536.48 | ($4,454.40) | $3,509,082.08 |
| 419 | 206 | $325,153.53 | $3,958.36 | $319,624.38 | $323,582.74 | ($15,021.52) | $308,561.22 |
| 420 | 94 | $242,969.32 | $1,240.69 | $241,728.63 | $242,969.32 | $0.00 | $242,969.32 |
| 421 | 9 | $12,160.35 | $972.83 | $11,187.52 | $12,160.35 | $0.00 | $12,160.35 |
| 422 | 279 | $755,238.40 | $2,373.60 | $758,259.36 | $760,632.96 | $0.00 | $760,632.96 |
| 426 | 256 | $418,532.21 | $3,452.47 | $411,822.68 | $415,275.15 | ($1,628.53) | $413,646.62 |
| 428 | 40 | $105,700.80 | $528.50 | $105,172.30 | $105,700.80 | $0.00 | $105,700.80 |
| 430 | 146 | $396,938.22 | $3,510.33 | $382,626.85 | $386,137.18 | ($8,100.78) | $378,036.40 |
| **SUBTOTAL** | **26,624** | **$21,902,845.40** | **$1,069,876.22** | **$20,567,392.96** | **$21,637,269.18** | **($3,171.71)** | **$21,634,097.47** |
| **Kaiser - Colorado** | | | | | | | |
| 450 | 5 | $6,571.75 | $525.74 | $6,046.01 | $6,571.75 | $0.00 | $6,571.75 |
| 451 | 36 | $10,724.40 | $1,412.04 | $9,312.36 | $10,724.40 | $0.00 | $10,724.40 |
| 453 | 8 | $23,265.76 | $2,279.19 | $20,986.57 | $23,265.76 | $0.00 | $23,265.76 |
| 455 | 7 | $11,229.75 | $866.29 | $10,363.46 | $11,229.75 | $0.00 | $11,229.75 |
| 457 | 18 | $10,580.40 | $1,058.04 | $9,522.36 | $10,580.40 | $0.00 | $10,580.40 |
| 459 | 2 | $3,788.30 | $75.77 | $3,712.53 | $3,788.30 | $0.00 | $3,788.30 |
| **SUBTOTAL** | **76** | **$66,160.36** | **$6,217.07** | **$59,943.29** | **$66,160.36** | **$0.00** | **$66,160.36** |

# Medical and Dental Vision Insurance Premiums
## May 2025

| Carrier Codes | Member Count | Premium Amount | Member Amount | County Subsidy Amount | Total | Adjustments | Total Paid |
|---|---|---|---|---|---|---|---|
| **Kaiser - Georgia** | | | | | | | |
| 441 | 4 | $6,242.08 | $333.60 | $5,908.48 | $6,242.08 | $0.00 | $6,242.08 |
| 442 | 8 | $12,484.16 | $667.20 | $11,816.96 | $12,484.16 | $0.00 | $12,484.16 |
| 445 | 2 | $3,924.74 | $0.00 | $3,924.74 | $3,924.74 | $0.00 | $3,924.74 |
| 461 | 15 | $23,407.80 | $2,816.74 | $20,591.06 | $23,407.80 | $0.00 | $23,407.80 |
| 462 | 83 | $34,427.40 | $4,565.71 | $29,861.69 | $34,427.40 | $0.00 | $34,427.40 |
| 463 | 3 | $9,339.12 | $2,680.94 | $6,658.18 | $9,339.12 | $0.00 | $9,339.12 |
| 465 | 3 | $5,887.11 | $313.98 | $5,573.13 | $5,887.11 | $0.00 | $5,887.11 |
| 466 | 27 | $22,727.60 | $1,607.17 | $20,308.73 | $21,915.90 | $0.00 | $21,915.90 |
| **SUBTOTAL** | **145** | **$118,440.01** | **$12,985.34** | **$104,642.97** | **$117,628.31** | **$0.00** | **$117,628.31** |
| **Kaiser - Hawaii** | | | | | | | |
| 471 | 5 | $4,773.20 | $572.78 | $4,200.42 | $4,773.20 | $0.00 | $4,773.20 |
| 472 | 27 | $12,067.38 | $1,591.11 | $11,370.15 | $12,961.26 | $0.00 | $12,961.26 |
| 473 | 1 | $2,147.75 | $670.63 | $1,477.12 | $2,147.75 | $0.00 | $2,147.75 |
| 474 | 4 | $7,605.12 | $0.00 | $7,605.12 | $7,605.12 | $0.00 | $7,605.12 |
| 475 | 3 | $8,543.76 | $0.00 | $8,543.76 | $8,543.76 | $0.00 | $8,543.76 |
| 476 | 4 | $5,574.32 | $1,226.36 | $4,347.96 | $5,574.32 | $0.00 | $5,574.32 |
| 478 | 14 | $12,402.32 | $602.40 | $11,799.92 | $12,402.32 | $0.00 | $12,402.32 |
| 479 | 1 | $2,586.69 | $0.00 | $2,586.69 | $2,586.69 | $0.00 | $2,586.69 |
| **SUBTOTAL** | **59** | **$55,700.54** | **$4,663.28** | **$51,931.14** | **$56,594.42** | **$0.00** | **$56,594.42** |

# Medical and Dental Vision Insurance Premiums
# May 2025

| Carrier Codes | Member Count | Premium Amount | Member Amount | County Subsidy Amount | Total | Adjustments | Total Paid |
|---|---|---|---|---|---|---|---|
| **Kaiser - Oregon** | | | | | | | |
| 481 | 1 | $1,306.65 | $653.32 | $653.33 | $1,306.65 | $0.00 | $1,306.65 |
| 482 | 84 | $46,069.80 | $6,241.36 | $39,828.44 | $46,069.80 | $0.00 | $46,069.80 |
| 483 | 5 | $8,178.50 | $1,147.41 | $7,031.09 | $8,178.50 | $0.00 | $8,178.50 |
| 484 | 5 | $13,026.50 | $0.00 | $13,026.50 | $13,026.50 | $0.00 | $13,026.50 |
| 486 | 3 | $5,541.30 | $0.00 | $5,541.30 | $5,541.30 | $0.00 | $5,541.30 |
| 488 | 33 | $35,933.70 | $5,313.82 | $30,619.88 | $35,933.70 | $0.00 | $35,933.70 |
| 491 | 1 | $1,848.38 | $0.00 | $1,848.38 | $1,848.38 | $0.00 | $1,848.38 |
| 492 | 1 | $2,176.15 | $0.00 | $2,176.15 | $2,176.15 | $0.00 | $2,176.15 |
| **SUBTOTAL** | **133** | **$114,080.98** | **$13,355.91** | **$100,725.07** | **$114,080.98** | **$0.00** | **$114,080.98** |
| **SCAN Health Plan** | | | | | | | |
| 611 | 280 | $75,294.00 | $15,128.22 | $60,966.78 | $76,095.00 | ($267.00) | $75,828.00 |
| 613 | 98 | $52,600.00 | $9,373.32 | $37,440.68 | $46,814.00 | ($1,052.00) | $45,762.00 |
| **SUBTOTAL** | **378** | **$127,894.00** | **$24,501.54** | **$98,407.46** | **$122,909.00** | **($1,319.00)** | **$121,590.00** |
| **SCAN Health Plan, AZ** | | | | | | | |
| 620 | 7 | $1,869.00 | $496.62 | $1,372.38 | $1,869.00 | $0.00 | $1,869.00 |
| 621 | 1 | $526.00 | $0.00 | $526.00 | $526.00 | $0.00 | $526.00 |
| **SUBTOTAL** | **8** | **$2,395.00** | **$496.62** | **$1,898.38** | **$2,395.00** | **$0.00** | **$2,395.00** |
| **SCAN Health Plan, NV** | | | | | | | |
| 622 | 16 | $4,539.00 | $501.96 | $2,969.04 | $3,471.00 | $0.00 | $3,471.00 |
| 623 | 5 | $2,630.00 | $1,893.60 | $5,470.40 | $7,364.00 | $0.00 | $7,364.00 |
| **SUBTOTAL** | **21** | **$7,169.00** | **$2,395.56** | **$8,439.44** | **$10,835.00** | **$0.00** | **$10,835.00** |

# Medical and Dental Vision Insurance Premiums
# May 2025

| Carrier Codes | Member Count | Premium Amount | Member Amount | County Subsidy Amount | Total | Adjustments | Total Paid |
|---|---|---|---|---|---|---|---|
| **UHC Medicare Adv.** | | | | | | | |
| 701 | 2,195 | $769,726.05 | $83,352.06 | $689,783.07 | $773,135.13 | ($2,439.15) | $770,695.98 |
| 702 | 393 | $742,982.89 | $35,838.59 | $657,659.93 | $693,498.52 | $0.00 | $693,498.52 |
| 703 | 1,420 | $980,993.60 | $91,704.18 | $888,600.52 | $980,304.70 | ($2,066.70) | $978,238.00 |
| 704 | 100 | $210,119.00 | $11,052.24 | $194,864.38 | $205,916.62 | $0.00 | $205,916.62 |
| 705 | 48 | $47,323.00 | $1,211.47 | $43,272.15 | $44,483.62 | $0.00 | $44,483.62 |
| 706 | 2 | $858.30 | $51.50 | $806.80 | $858.30 | $0.00 | $858.30 |
| **SUBTOTAL** | **4,158** | **$2,752,002.84** | **$223,210.04** | **$2,474,986.85** | **$2,698,196.89** | **($4,505.85)** | **$2,693,691.04** |
| **United Healthcare** | | | | | | | |
| 707 | 583 | $886,876.20 | $78,834.12 | $794,513.46 | $873,347.58 | $0.00 | $873,347.58 |
| 708 | 501 | $1,392,171.30 | $81,359.54 | $1,280,606.86 | $1,361,966.40 | $0.00 | $1,361,966.40 |
| 709 | 402 | $1,315,391.68 | $100,247.55 | $1,211,888.21 | $1,312,135.76 | $0.00 | $1,312,135.76 |
| **SUBTOTAL** | **1,486** | **$3,594,439.18** | **$260,441.21** | **$3,287,008.53** | **$3,547,449.74** | **$0.00** | **$3,547,449.74** |

# Medical and Dental Vision Insurance Premiums
## May 2025

| Carrier Codes | Member Count | Premium Amount | Member Amount | County Subsidy Amount | Total | Adjustments | Total Paid |
|---|---|---|---|---|---|---|---|
| **Local 1014 Firefighters** | | | | | | | |
| 801 | 87 | $122,505.57 | $4,759.40 | $118,985.31 | $123,744.71 | $0.00 | $123,744.71 |
| 802 | 339 | $860,693.88 | $25,896.96 | $837,335.84 | $863,232.80 | $2,538.92 | $865,771.72 |
| 803 | 435 | $1,302,781.50 | $43,485.97 | $1,262,769.62 | $1,306,255.59 | $2,994.90 | $1,309,250.49 |
| 804 | 203 | $285,846.33 | $9,941.22 | $275,905.11 | $285,846.33 | ($48,874.60) | $236,971.73 |
| 805 | 242 | $614,418.64 | $14,522.62 | $597,357.10 | $611,879.72 | ($52,316.60) | $559,563.12 |
| 806 | 748 | $1,899,112.16 | $40,825.80 | $1,858,286.36 | $1,899,112.16 | ($302,641.32) | $1,596,470.84 |
| 807 | 63 | $188,678.70 | $3,474.09 | $185,204.61 | $188,678.70 | ($12,875.80) | $175,802.90 |
| 808 | 24 | $71,877.60 | $1,916.74 | $69,960.86 | $71,877.60 | ($10,063.80) | $61,813.80 |
| 809 | 15 | $21,121.65 | $2,365.62 | $18,756.03 | $21,121.65 | $0.00 | $21,121.65 |
| 810 | 10 | $25,389.20 | $2,995.92 | $22,393.28 | $25,389.20 | $0.00 | $25,389.20 |
| 811 | 5 | $14,974.50 | $2,755.31 | $12,219.19 | $14,974.50 | $0.00 | $14,974.50 |
| 812 | 261 | $367,516.71 | $22,501.52 | $346,423.30 | $368,924.82 | ($53,834.00) | $315,090.82 |
| 813 | 2 | $5,077.84 | $0.00 | $5,077.84 | $5,077.84 | ($370.00) | $4,707.84 |
| **SUBTOTAL** | **2,434** | **$5,779,994.28** | **$175,441.17** | **$5,610,674.45** | **$5,786,115.62** | **($475,442.30)** | **$5,310,673.32** |
| **Kaiser - Washington** | | | | | | | |
| 393 | 7 | $12,870.34 | $2,530.50 | $10,339.84 | $12,870.34 | $0.00 | $12,870.34 |
| 394 | 21 | $10,125.75 | $977.35 | $6,506.90 | $7,484.25 | $0.00 | $7,484.25 |
| 395 | 3 | $10,279.47 | $3,052.88 | $10,653.08 | $13,705.96 | $0.00 | $13,705.96 |
| 397 | 2 | $4,056.24 | $0.00 | $4,056.24 | $4,056.24 | $0.00 | $4,056.24 |
| 398 | 11 | $9,597.50 | $907.40 | $9,562.60 | $10,470.00 | $0.00 | $10,470.00 |
| **SUBTOTAL** | **44** | **$46,929.30** | **$7,468.13** | **$41,118.66** | **$48,586.79** | **$0.00** | **$48,586.79** |
| **Medical Plan Total** | **57,064** | **$63,753,004.72** | **$4,025,678.71** | **$59,165,024.46** | **$63,190,703.17** | **($527,788.23)** | **$62,662,914.94** |

# Medical and Dental Vision Insurance Premiums
## May 2025

| Carrier Codes | Member Count | Premium Amount | Member Amount | County Subsidy Amount | Total | Adjustments | Total Paid |
|---|---|---|---|---|---|---|---|
| **Dental/Vision Plan** | | | | | | | |
| **CIGNA Indemnity Dental/Vision** | | | | | | | |
| 501 | 27,001 | $1,461,511.10 | $145,610.52 | $1,327,041.79 | $1,472,652.31 | ($1,633.48) | $1,471,018.83 |
| 502 | 24,725 | $2,799,365.60 | $206,680.69 | $2,588,301.57 | $2,794,982.26 | ($6,502.33) | $2,788,479.93 |
| 503 | 10 | $666.30 | $21.33 | $644.97 | $666.30 | $0.00 | $666.30 |
| **SUBTOTAL** | **51,736** | **$4,261,543.00** | **$352,312.54** | **$3,915,988.33** | **$4,268,300.87** | **($8,135.81)** | **$4,260,165.06** |
| **CIGNA Dental HMO/Vision** | | | | | | | |
| 901 | 4,307 | $200,547.72 | $20,596.58 | $181,021.10 | $201,617.68 | $0.00 | $201,617.68 |
| 902 | 3,229 | $309,469.44 | $21,790.92 | $286,725.42 | $308,516.34 | ($190.56) | $308,325.78 |
| 903 | 4 | $188.44 | $39.57 | $148.87 | $188.44 | $0.00 | $188.44 |
| **SUBTOTAL** | **7,540** | **$510,205.60** | **$42,427.07** | **$467,895.39** | **$510,322.46** | **($190.56)** | **$510,131.90** |
| **Dental/Vision Plan Total** | **59,276** | **$4,771,748.60** | **$394,739.61** | **$4,383,883.72** | **$4,778,623.33** | **($8,326.37)** | **$4,770,296.96** |
| **GRAND TOTALS** | **116,340** | **$68,524,753.32** | **$4,420,418.32** | **$63,548,908.18** | **$67,969,326.50** | **($536,114.60)** | **$67,433,211.90** |

| PREMIUMS* | CARRIER DEDUCTION CODES | DEDUCTION CODE DEFINITIONS |
|---|---|---|
| **Anthem Blue Cross Prudent Buyer Plan** | | |
| $630.26 | 201 | Retiree Only |
| $1,239.88 | 202 | Retiree and Spouse/Domestic Partner |
| $1,399.26 | 203 | Retiree, Spouse/Domestic Partner and Children |
| $810.01 | 204 | Retiree and Children |
| $172.06 | 205 | Survivor Children Only Rates |
| **Anthem Blue Cross Plan I** | | |
| **$904.25** | 211 | Retiree Only |
| **$1,630.31** | 212 | Retiree and Spouse/Domestic Partner |
| **$1,923.10** | 213 | Retiree, Spouse/Domestic Partner and Children |
| **$1,196.44** | 214 | Retiree and Children |
| $299.58 | 215 | Survivor Children Only Rates |
| **Anthem Blue Cross Plan II** | | |
| **$904.25** | 221 | Retiree Only |
| **$1,630.31** | 222 | Retiree and Spouse/Domestic Partner |
| **$1,923.10** | 223 | Retiree, Spouse/Domestic Partner and Children |
| **$1,196.44** | 224 | Retiree and Children |
| $299.58 | 225 | Survivor Children Only Rates |
| **Anthem Blue Cross Plan III** | | |
| $365.20 | 240 | Retiree Only with Medicare |
| $1,167.61 | 241 | Retiree and Spouse/Domestic Partner - One with Medicare (Non-Medicare has Anthem Blue Cross I) |
| $1,167.61 | 242 | Retiree and Spouse/Domestic Partner - One with Medicare (Non-Medicare has Anthem Blue Cross II) |
| $726.87 | 243 | Retiree and Spouse/Domestic Partner - Both with Medicare |
| $653.93 | 244 | Retiree and Children (Retiree has Medicare; Children have Anthem Blue Cross I) |
| $653.93 | 245 | Retiree and Children (Retiree has Medicare; Children have Anthem Blue Cross II) |
| $1,456.25 | 246 | Retiree, Spouse/Domestic Partner and Children - One with Medicare (Non-Medicare has Anthem Blue Cross I) |
| $1,456.25 | 247 | Retiree, Spouse/Domestic Partner and Children - One with Medicare (Non-Medicare has Anthem Blue Cross II) |
| $1,015.45 | 248 | Retiree, Spouse/Domestic Partner and Children - Two with Medicare (Children have Anthem Blue Cross I) |
| $1,015.45 | 249 | Retiree, Spouse/Domestic Partner and Children - Two with Medicare (Children have Anthem Blue Cross II) |
| $1,138.02 | 250 | Member, Spouse/Domestic Partner, Child (3 with Medicare) |

***Benchmark premiums are bolded.**

| PREMIUMS* | CARRIER DEDUCTION CODES | DEDUCTION CODE DEFINITIONS |
|---|---|---|
| **CIGNA Network Model Plan** | | |
| $1,143.49 | 301 | Retiree Only |
| $2,064.71 | 302 | Retiree and Spouse/Domestic Partner |
| $2,438.35 | 303 | Retiree, Spouse/Domestic Partner and Children |
| $1,517.57 | 304 | Retiree and Children |
| $378.87 | 305 | Survivor Children Only Rates |
| **CIGNA Medicare Select Plus Rx (Available in the Phoenix, AZ area only)** | | |
| $328.00 | 321 | Retiree Only with Medicare |
| $1,249.22 | 322 | Retiree and Spouse/Domestic Partner/Domestic Partner - One with Medicare |
| $651.00 | 324 | Retiree and Spouse/Domestic Partner -Both with Medicare |
| $702.09 | 325 | Retiree and Children |
| $1,622.87 | 327 | Retiree, Spouse/Domestic Partner and Children - One with Medicare |
| $1,025.09 | 329 | Retiree, Spouse/Domestic Partner and Children - Two with Medicare |
| **Kaiser** | | |
| $774.10 | 401 | Retiree Only ("Basic") |
| N/A | 402 | Retiree Only ("Supplement") |
| $235.64 | 403 | Retiree Only ("Senior Advantage") |
| $894.95 | 404 | Retiree Only ("Excess I") |
| $795.39 | 405 | Retiree Only - ("Excess II") |
| $1,408.39 | 406 | Retiree Only ("Excess III") |
| $1,543.20 | 411 | Retiree and Family (All family members are "Basic") |
| N/A | 412 | Retiree and Family (One family member is "Supplement"; others are "Basic") |
| $1,004.74 | 413 | Retiree and Family (One family member is "Senior Advantage"; others are "Basic") |
| $1,664.05 | 414 | Retiree and Family (One family member is "Excess I"; others are "Basic") |
| N/A | 415 | Retiree and Family (Two or more family members are "Supplement") |
| N/A | 416 | Retiree and Family (One family member is "Senior Advantage"; others are "Supplement") |
| N/A | 417 | Retiree and Family (One family member is "Excess I"; others are "Supplement") |
| $466.28 | 418 | Retiree and Family (Two or more family members are "Senior Advantage") |
| $1,125.59 | 419 | Retiree and Family (One family member is "Excess I"; others are "Senior Advantage" |
| $1,784.90 | 420 | Retiree and Family (Two or more family members are "Excess I") |
| N/A | 421 | Survivor Children Only Rates |
| $1,564.49 | 422 | Retiree and Family (One family member is "Excess II"; others are "Basic") |
| $2,177.49 | 423 | Retiree and Family (One family member is "Excess III"; others are "Basic") |

***Benchmark premiums are bolded.**

| PREMIUMS* | CARRIER DEDUCTION CODES | DEDUCTION CODE DEFINITIONS |
|---|---|---|
| **Kaiser (continued)** | | |
| N/A | 424 | Retiree and Family (One family member is "Supplement'; others are "Excess II") |
| N/A | 425 | Retiree and Family (One family member is "Supplement"; others are "Excess III") |
| $1,026.03 | 426 | Retiree and Family (One family member is "Senior Advantage"; others are "Excess II") |
| $1,639.03 | 427 | Retiree and Family (One family member is "Senior Advantage; others are "Excess III") |
| $1,685.34 | 428 | Retiree and Family (One family member is "Excess I"; others are "Excess II") |
| $2,298.34 | 429 | Retiree and Family One family member is "Excess I"; others are "Excess III") |
| $1,585.78 | 430 | Retiree and Family (Two or more family members are "Excess II") |
| $2,198.78 | 431 | Retiree and Family (One family member is "Excess II"; others are "Excess III") |
| $2,811.78 | 432 | Retiree and Family (Two or more family members are "Excess III") |
| **Kaiser Colorado** | | |
| $793.06 | 450 | Retiree Only ("Basic" under age 65) |
| $327.27 | 451 | Retiree Only ("Senior Advantage") |
| $1,754.57 | 453 | Retiree and Family (Two family members are "Basic") |
| $2,369.25 | 454 | Retiree and Family (Three or more family members are "Basic") |
| $1,115.33 | 455 | Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic") |
| $649.55 | 457 | Retiree and Family (Two family members are "Senior Advantage") |
| $1,857.56 | 458 | Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic") |
| $1,437.60 | 459 | Retiree and Family (Two family members are "Senior Advantage"; one or more are "Basic") |
| **Kaiser Georgia** | | |
| $847.24 | 440 | Retiree Only ("Basic" over age 65 with Medicare Part B only |
| $847.24 | 441 | Retiree Only ("Basic over age 65 with Medicare Part A only) |
| $847.24 | 442 | Retiree Only ("Basic over age 65 without Medicare Part A or Medicare Part B) |
| $361.11 | 443 | Retiree Only ("Basic" over age 65 - Medicare eligible who is classified as having renal failure) |
| $1,203.35 | 444 | Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part B only) |
| $1,203.35 | 445 | Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 with Medicare Part A only) |
| $1,203.35 | 446 | Retiree and Family (One family member is "Senior Advantage"; one family member is "Basic" over age 65 without Medicare Part A and B) |
| $847.24 | 461 | Retiree Only ("Basic" under age 65) |
| $361.11 | 462 | Retiree Only ("Senior Advantage") |

***Benchmark premiums are bolded.**

| PREMIUMS* | CARRIER DEDUCTION CODES | DEDUCTION CODE DEFINITIONS |
|---|---|---|
| **Kaiser Georgia (continued)** | | |
| $1,689.48 | 463 | Retiree and Family (Two family members are "Basic") |
| $2,531.72 | 464 | Retiree and Family (Three or more family members are "Basic) |
| $1,203.35 | 465 | Retiree and Family (One family member is "Senior Advantage"; one is "Basic") |
| $717.22 | 466 | Retiree and Family (Two family members are "Senior Advantage") |
| $2,045.59 | 467 | Retiree and Family ( One family member is "Senior Advantage"; two or more are "Basic") |
| $1,559.46 | 468 | Retiree and Family (Two family members are "Senior Advantage"; one is "Basic") |
| $1,915.57 | 469 | Retiree and Family (Three or more family members are "Senior Advantage"; one is "Basic") |
| $2,045.59 | 470 | Retiree and Family (Three or more family members are "Basic"; one is "Senior Advantage" |
| **Kaiser Hawaii** | | |
| $795.16 | 471 | Retiree Only ("Basic" under age 65) |
| $346.45 | 472 | Retiree Only ("Senior Advantage") |
| $1,381.42 | 473 | Retiree Only (Over age 65 without Medicare Part A or Medicare Part B) |
| $1,585.31 | 474 | Retiree and Family (Two family members are "Basic") |
| $2,375.47 | 475 | Retiree and Family (Three or more family members are "Basic") |
| $1,136.61 | 476 | Retiree and Family (One family member is "Senior Advantage"; one is "Basic") |
| $2,171.58 | 477 | Retiree and Family (One family member is "Basic" under age 65; one is over age 65 without Medicare Part A or Medicare Part B) |
| $687.90 | 478 | Retiree and Family (Two family members are "Senior Advantage" |
| $1,722.87 | 479 | Retiree and Family (One family member is "Senior Advantage"; one is over age 65 without Medicare Part A or Medicare Part B) |
| **Kaiser Oregon** | | |
| $806.67 | 481 | Retiree Only ("Basic" under age 65) |
| $465.92 | 482 | Retiree Only ("Senior Advantage") |
| $1,205.27 | 483 | Retiree Only (Over age 65 without Medicare Part A or Medicare Part B) |
| $1,608.34 | 484 | Retiree and Family (Two family members are "Basic") |
| $2,410.01 | 485 | Retiree and Family (Three or more family members are "Basic") |
| $1,267.59 | 486 | Retiree and Family (One family member is "Senior Advantage"; one is "Basic") |
| N/A | 487 | Retiree Only (Medicare Cost "Supplement" program) |
| $926.84 | 488 | Retiree and Family (Two family members are "Senior Advantage") |
| $1,110.84 | 489 | Retiree Only (Over age 65 with Medicare Part A only) |
| $1,205.27 | 490 | Retiree Only (Over age 65 with Medicare Part B only) |

***Benchmark premiums are bolded.**

| PREMIUMS* | CARRIER DEDUCTION CODES | DEDUCTION CODE DEFINITIONS |
|---|---|---|

**Kaiser Oregon (continued)**

| | | |
|---|---|---|
| $1,571.76 | 491 | Retiree and Family (One family member is "Senior Advantage"; one is over age 65 with Medicare Par A only) |
| $1,666.19 | 492 | Retiree and Family (One family member is "Senior Advantage"; one is over age 65 without Medicare Part A or Medicare Part B) |
| $2,069.26 | 493 | Retiree and Family (One family member is "Senior Advantage"; two or more are "Basic") |
| $1,728.51 | 494 | Retiree and Family (Two family members are "Senior Advantage"; one is "Basic") |
| $2,405.54 | 495 | Retiree and Family (Two family members are over age 65 without Medicare Part A or Medicare Part B) |
| $2,216.68 | 496 | Retiree and Family (Two family members are over age 65 with Medicare Part A only) |
| $2,216.68 | 497 | Retiree and Family (One family member is "Basic"; one is over age 65 with Medicare Part A only) |
| $2,006.94 | 498 | Retiree and Family (One family member is "Basic"; one is over age 65 without Medicare Part A or Medicare Part B) |

**Kaiser Rate Category Definitions**

**"Basic"** - includes those who are under age 65

**Medicare Cost ("Supplement")**

-Includes people who have both Part A and Part B of Medicare, who were enrolled in Kaiser's Medicare supplement ("M" coverage) before July 1, 1987, and who chose to stay in that Kaiser arrangement.
-It is not open to new enrollments.
-People who have left it cannot return to it.

**"Senior Advantage"**

-Includes participants who are age 65 or older and who have assigned both Medicare Part A and Part B to Kaiser.

**"Excess I"**

-Is for participants who have Medicare Part A only.

**"Excess II"**

-Is for participants in the Excess Plan who either have Medicare Part B only or are not eligible for Medicare.

**"Excess III"**

-Is for participants in the Excess Plan who either have Medicare Parts A and B and have not assigned their Medicare benefits to Kaiser or have not provided their Medicare status to LACERA. Premium is above the Anthem Blue Cross I and II Benchmark rate.
and II Benchmark.

***Benchmark premiums are bolded.**

| PREMIUMS* | CARRIER DEDUCTION CODES | DEDUCTION CODE DEFINITIONS |
|---|---|---|

**SCAN Health Plan**

| | | |
|---|---|---|
| $304.00 | 611 | Retiree Only with SCAN |
| $603.00 | 613 | Retiree and 1 Dependent - Both with SCAN (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child. Both Retiree and Dependent must have Medicare.) |

**United Healthcare Medicare Advantage (UHCMA)**

(For both members and dependents who are enrolled in UHCMA, or a family combination of UHCMA/UHC)

| | | |
|---|---|---|
| $293.62 | 701 | Retiree Only with Secure Horizons |
| $1,203.81 | 702 | Retiree and 1 Dependent - One with Secure Horizons (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child) |
| $582.24 | 703 | Retiree and 1 Dependent - Both with Secure Horizons (Retiree and 1 Dependent = Retiree and Spouse/Domestic Partner OR Retiree and 1 Child) |
| $1,360.59 | 704 | Retiree and 2 or More Dependents - One with Secure Horizons (Retiree and 2 or More Dependents = Retiree, Spouse/Domestic Partner and 1 or More Children OR Retiree and 2 or More Children) |
| $739.02 | 705 | Retiree and 2 or More Dependents - Two with Secure Horizons (Retiree and 2 or More Dependents = Retiree, Spouse/Domestic Partner and 1 or More Children OR Retiree and 2 or More Children) |
| $261.24 | 706 | Survivor Children Only Rates |

**United Healthcare (UHC)**

(For members and dependents under age 65 [no Medicare])

| | | |
|---|---|---|
| $915.18 | 707 | Retiree Only |
| $1,671.68 | 708 | Retiree and 1 Dependent |
| $1,982.16 | 709 | Retiree and 2 Or More Dependents |

**Local 1014 Firefighters**

| | | |
|---|---|---|
| $914.03 | 801 | Member Under 65 |
| $1,648.06 | 802 | Member + 1 Under 65 |
| $1,944.04 | 803 | Member + 2 Under 65 |
| $914.03 | 804 | Member with Medicare |
| $1,648.06 | 805 | Member + 1; 1 Medicare |
| $1,648.06 | 806 | Member + 1; 2 Medicare |
| $1,944.04 | 807 | Member + 2; 1 Medicare |
| $1,944.04 | 808 | Member + 2; 2 Medicare |

***Benchmark premiums are bolded.**

| PREMIUMS* | CARRIER DEDUCTION CODES | DEDUCTION CODE DEFINITIONS |
|---|---|---|
| **Local 1014 Firefighters (continued)** | | |
| $914.03 | 809 | Surviving Spouse Under 65 |
| $1,648.06 | 810 | Surviving Spouse + 1; Under 65 |
| $1,944.04 | 811 | Surviving Spouse + 2 Under 65 |
| $914.03 | 812 | Surviving Spouse with Medicare |
| $1,648.06 | 813 | Surviving Spouse + 1; 1 Medicare |
| $1,944.04 | 814 | Spouse + 1; 1 Medicare |
| $1,648.06 | 815 | Surviving Spouse + 1; 2 Medicare |
| **CIGNA Indemnity - Dental/Vision** | | |
| **$46.55** | 501 | Retiree Only |
| **$99.61** | 502 | Retiree and Dependent(s) |
| $57.81 | 503 | Survivor Children Only Rates |
| **CIGNA HMO - Dental/Vision** | | |
| $39.02 | 901 | Retiree Only |
| $81.07 | 902 | Retiree and Dependent(s) |
| $39.56 | 903 | Survivor Children Only Rates |

***Benchmark premiums are bolded.**

LACERA

# Los Angeles County Employees Retirement Association

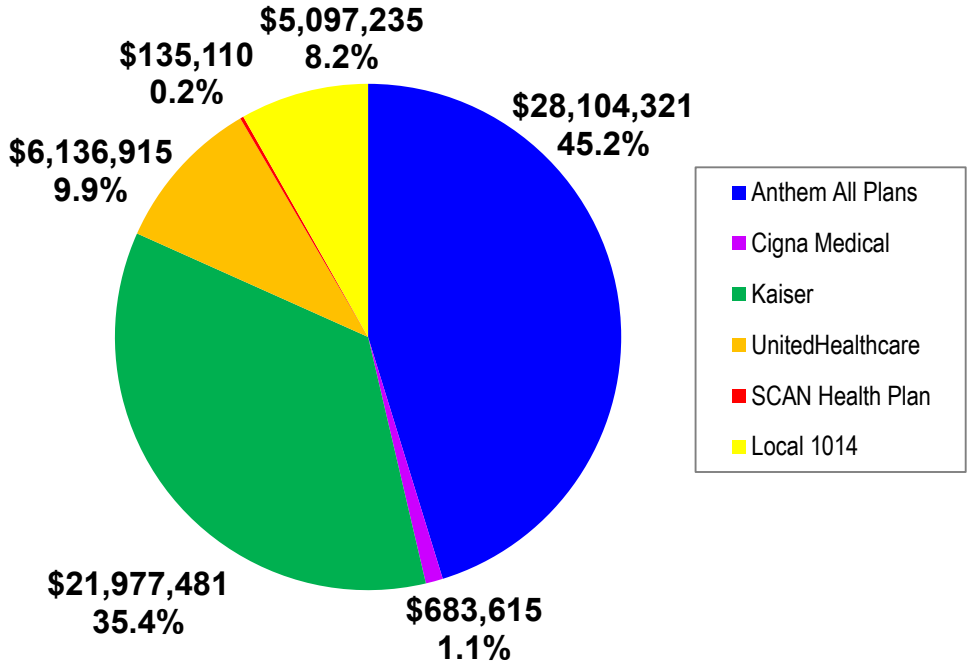
Premium & Enrollment

*Coverage Month Ending March 2025*

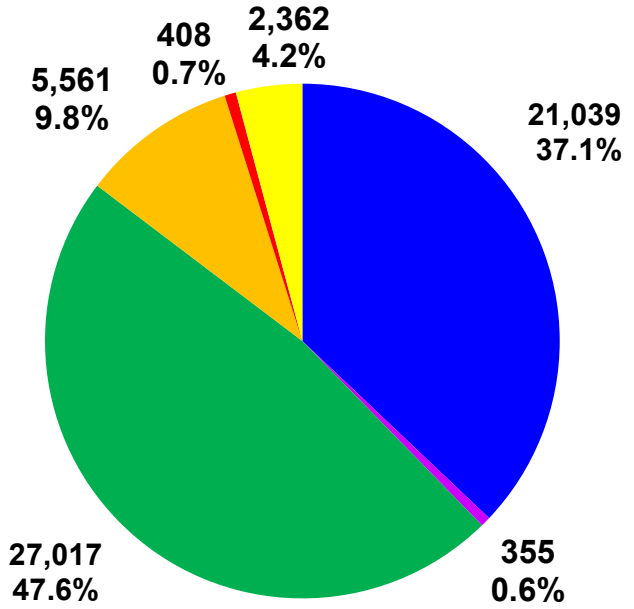
| Carrier / Plan | Monthly Premium | Percent of Total | Retirees | Percent of Total |
|---|---|---|---|---|
| Anthem All Plans | $28,104,321 | 45.2% | 21,039 | 37.1% |
| Cigna Medical | $683,615 | 1.1% | 355 | 0.6% |
| Kaiser | $21,977,481 | 35.4% | 27,017 | 47.6% |
| UnitedHealthcare | $6,136,915 | 9.9% | 5,561 | 9.8% |
| SCAN Health Plan | $135,110 | 0.2% | 408 | 0.7% |
| Local 1014 | $5,097,235 | 8.2% | 2,362 | 4.2% |
| **Combined Medical** | **$62,134,678** | **100.0%** | **56,742** | **100.0%** |

| | | | |
|---|---|---|---|
| **Cigna Dental & Vision (PPO and HMO)** | **$4,740,337** | | **58,933** |

## Monthly Premium




## Retirees

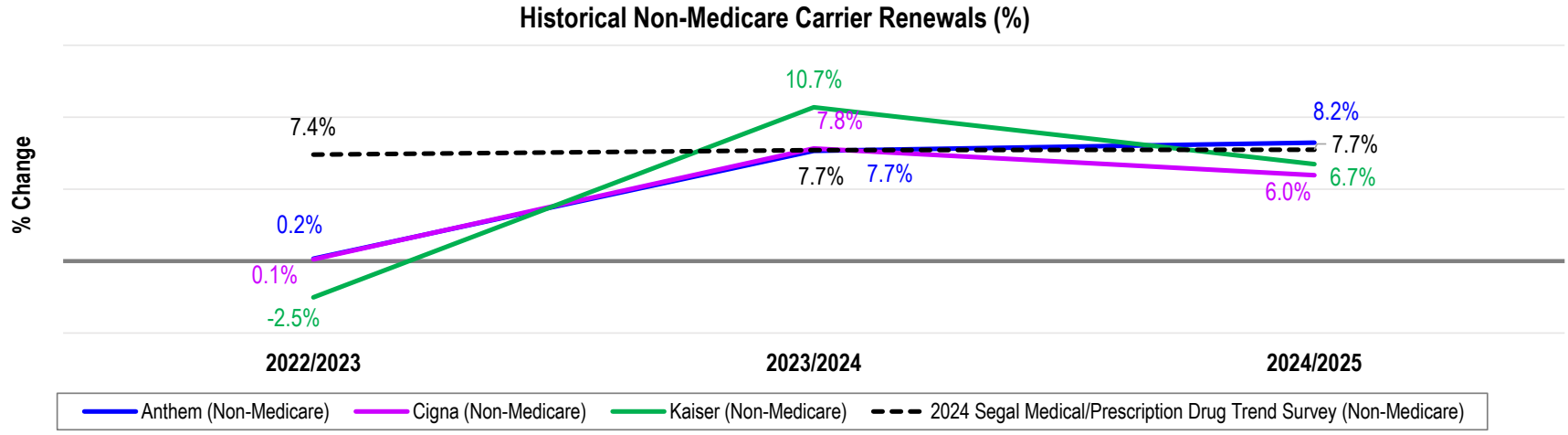



Note: Premiums **include** LACERA's Administrative Fee of $8.00 per member, per plan, per month.

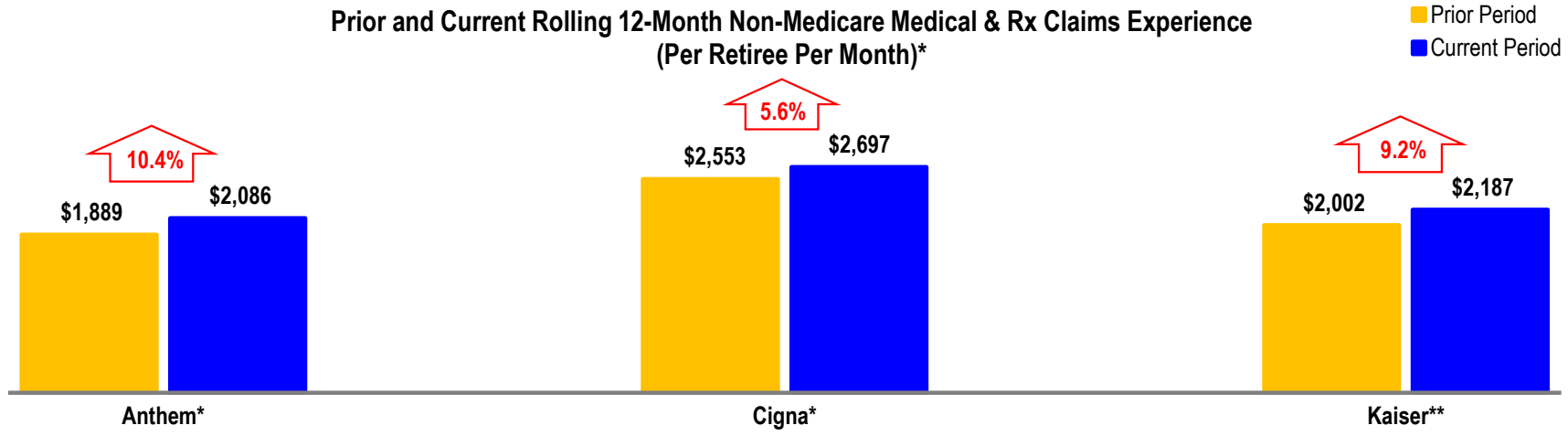
**Los Angeles County Employees Retirement Association**

Claims Experience by Carrier

*Coverage Month Ending March 2025*




Note: Segal's Annual Medical/Prescription Drug Trend Survey blends multiple calendar year trends to reflect LACERA's fiscal plan year.




*Based on Most Recent Claims Experience through Coverage Month.

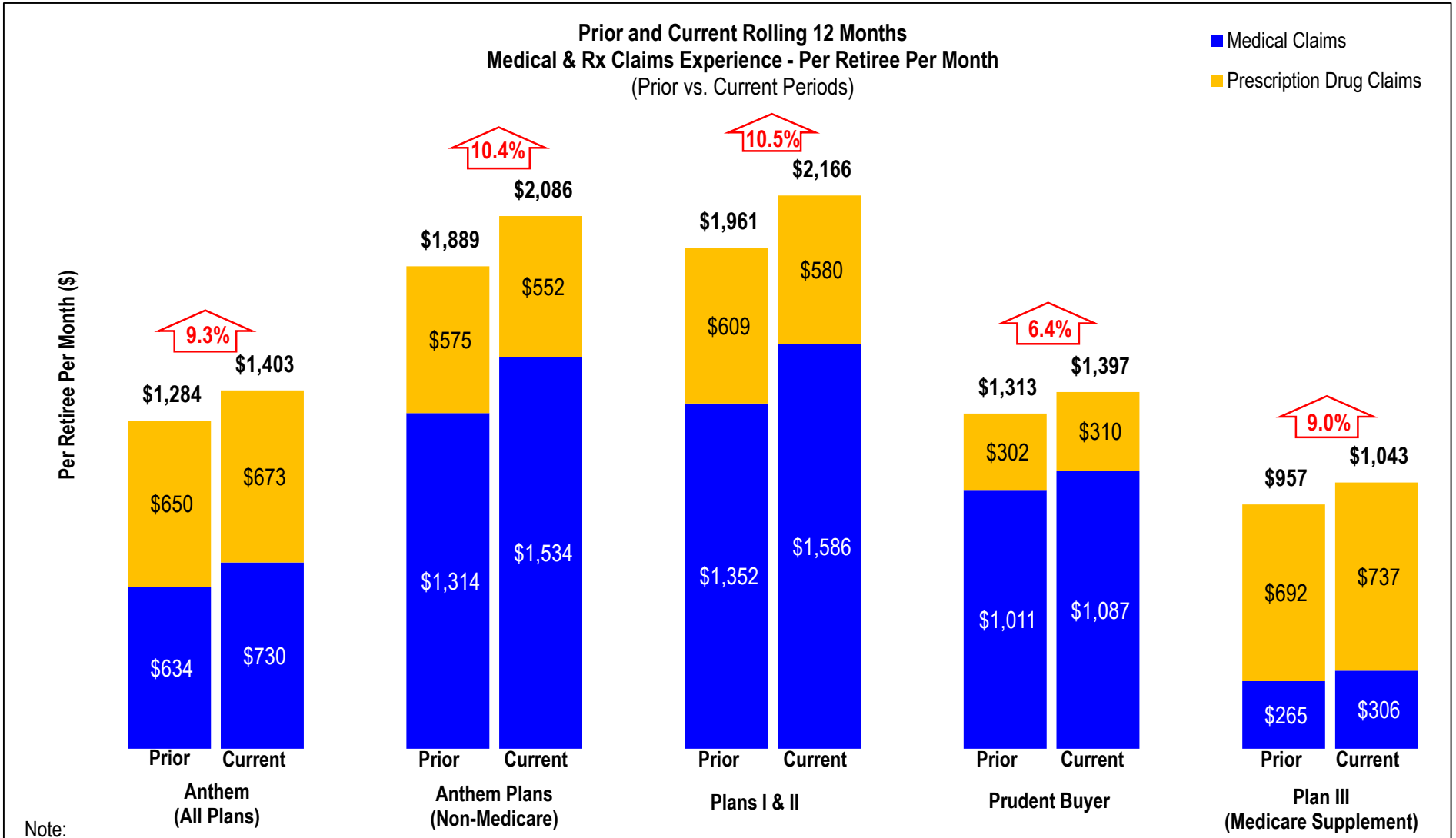
**Kaiser Claims Experience through August 2024.

Note: Figures above include gross claims only, and do not include rebates or pooling credits.

# Los Angeles County Employees Retirement Association

Anthem Claims Experience By Plan

*Coverage Month Ending March 2025*




Note:

1. Figures above are based on most recent 12 months of Claims Experience through Coverage Month.
2. Figures above include gross claims only, and do not include rebates, pooling credits, or ITS surcharges.
3. Prudent Buyer pharmacy claims are retroactively updated due to the timing of Anthem PBM's receipt of recorded claims.
4. Anthem applies ITS surcharges for Plans I-III, and Prudent Buyer, which historically adds an estimated 0.5% to 0.7% towards claims.

# Los Angeles County Employees Retirement Association

## Kaiser Utilization

*Coverage Month Ending March 2025*

- Kaiser insures approximately 26,500 LACERA retirees with the majority enrolled in Medicare Advantage plans.
- Kaiser's Periodic Utilization Report (PUR) monitors utilization patterns of LACERA's non-Medicare population in California.

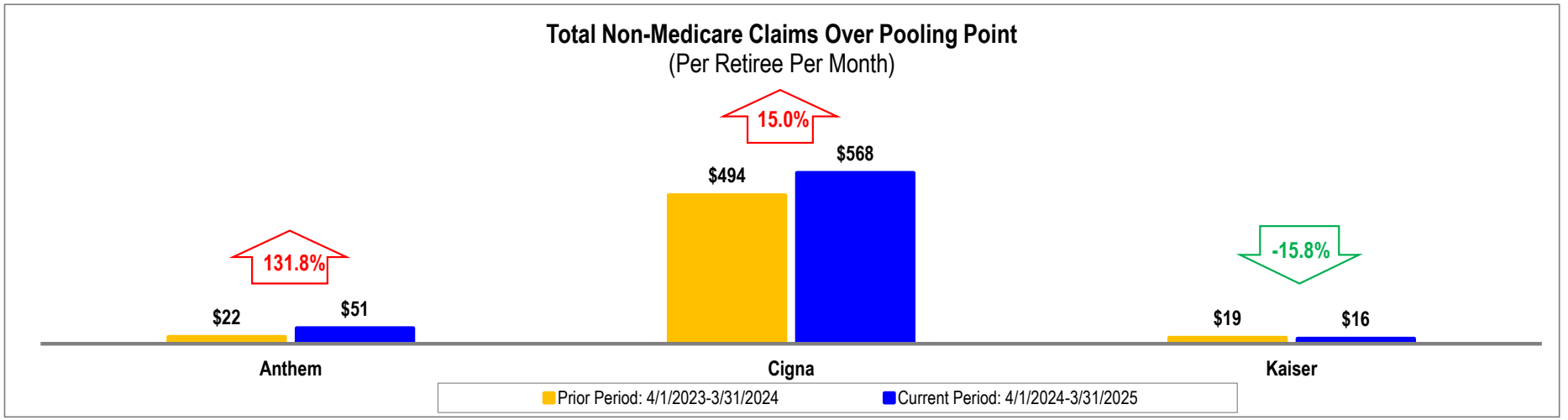
| Category | Current Period 2/1/2024 - 1/31/2025 | Prior Period 2/1/2023 - 1/31/2024 | Change |
|---|---|---|---|
| **Average Contract Size** | **1.82** | **1.84** | **-1.09%** |
| **Average Members** | **12,573** | **12,613** | **-0.32%** |
| Inpatient Claims Per Member Per Month | $300.86 | $315.99 | -4.79% |
| Outpatient Claims Per Member Per Month | $533.87 | $445.73 | 19.77% |
| Pharmacy Per Member Per Month | $165.20 | $149.09 | 10.81% |
| Other Per Member Per Month | $201.66 | $180.25 | 11.88% |
| **Total Claims Per Member Per Month** | **$1,201.59** | **$1,091.06** | **10.13%** |
| | | | |
| **Total Paid Claims** | **$181,293,893** | **$164,694,949** | **10.08%** |
| Large Claims over $550,000 Pooling Point [1] | | | |
| Number of Claims over Pooling Point | 6 | 5 | |
| Amount over Pooling Point | $1,324,791 | $1,575,781 | -15.93% |
| % of Total Paid Claims | **0.73%** | **0.96%** | |
| | | | |
| Inpatient Days / 1000 | 641.4 | 758.1 | -15.39% |
| Inpatient Admits / 1000 | 92.0 | 90.5 | 1.66% |
| Outpatient Visits / 1000 | 16,273.1 | 15,814.3 | 2.90% |
| Pharmacy Scripts Per Member Per Year | 14.0 | 13.1 | 6.87% |

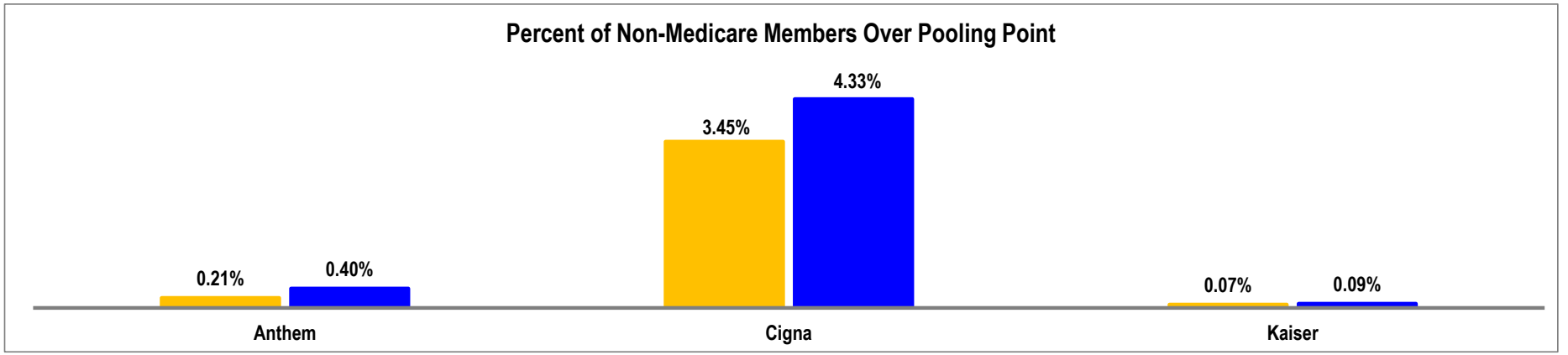
[1] The pooling threshold is $575,000 for the plan year beginning 7/1/2025 through 6/30/2026 .

# Los Angeles County Employees Retirement Association

High Cost Claimants (Anthem, Cigna, & Kaiser)

*Coverage Month Ending March 2025*




**Stop-Loss & Pooling Points Overview:**

Plan sponsors mitigate the financial risk associated with individual large claimants through reinsurance. Claims exceeding the specified individual pooling threshold are deducted from the carrier's renewal calculation. The pooling credit is offset by the carrier's pooling expense, which is applied to all policyholders.

Anthem and Cigna figures are based on the most recent Claims Experience through Coverage Month. Kaiser's figures are based on Claims Experience period between September through August.

**Pooling Points by Carrier:**

1. Anthem's pooling points are $400,000 for Plans I & II, and $300,000 for Prudent Buyer.
2. Cigna's pooling point is $100,000.
3. Kaiser's pooling point is $550,000.

# Los Angeles County Employees Retirement Association

Anthem Lifetime Max Accumulation Status By Plan

*Coverage Month Ending March 2025*

| | Prior Calendar Year: December 2023 [1] | | | Current Calendar Year: December 2024 [2] | | |
|---|---|---|---|---|---|---|
| **Lifetime Claim Amount [3]** | **Plans I & II** | **Prudent Buyer** | **Combined** | **Plans I & II** | **Prudent Buyer** | **Combined** |
| $900K-$999K | 19 | 1 | **20** | 15 | 1 | **16** |
| $800K-$899K | 27 | 2 | **29** | 18 | 1 | **19** |
| $700K-$799K | 29 | 3 | **32** | 27 | 2 | **29** |
| $600-$699K | 53 | 2 | **55** | 61 | 0 | **61** |
| $500-$599K | 82 | 4 | **86** | 78 | 8 | **86** |
| **Total** | **210** | **12** | **222** | **199** | **12** | **211** |
| | **Prior Month: February 2025 [4]** | | | **Most Recent Month: March 2025 [5]** | | |
| **Lifetime Claim Amount [3]** | **Plans I & II** | **Prudent Buyer** | **Combined** | **Plans I & II** | **Prudent Buyer** | **Combined** |
| $900K-$999K | 8 | 2 | **10** | 7 | 0 | **7** |
| $800K-$899K | 15 | 1 | **16** | 15 | 1 | **16** |
| $700K-$799K | 29 | 2 | **31** | 28 | 2 | **30** |
| $600-$699K | 46 | 1 | **47** | 46 | 2 | **48** |
| $500-$599K | 82 | 8 | **90** | 83 | 7 | **90** |
| **Total** | **180** | **14** | **194** | **179** | **12** | **191** |

The number of members reported will fluctuate period to period due to multiple factors including migration from an Anthem plan to another LACERA-administered plan or members passing away.

[1] Based on data provided by Anthem on September 17, 2024.

[2] Based on data provided by Anthem on January 22, 2025.

[3] Members identified by Anthem as terminated were excluded from the counts above.

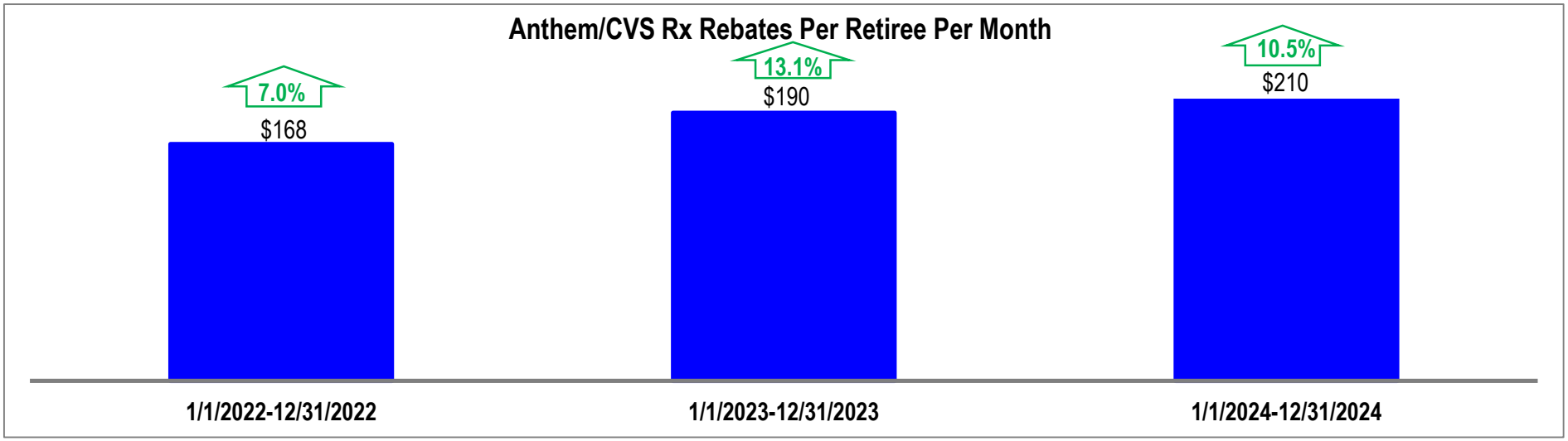
[4] Based on data provided by Anthem on March 19, 2025.

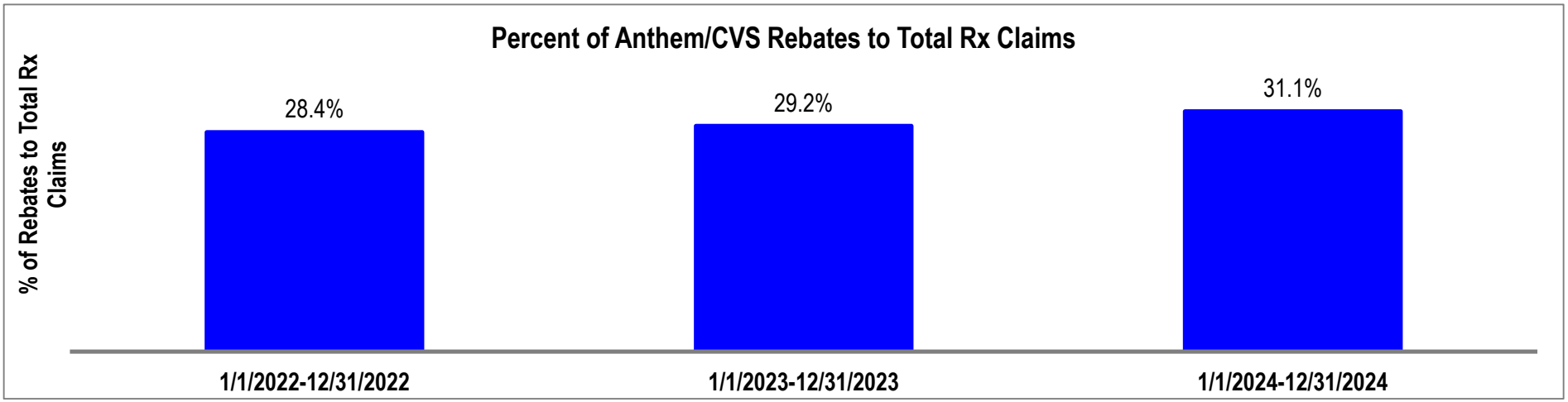
[5] Based on data provided by Anthem on April 21, 2025.

## Los Angeles County Employees Retirement Association

Prescription Drug Rebates (Anthem)

*Coverage Month Ending March 2025*




**Rebates Overview:**

Pharmacy Benefit Managers negotiate volume-based rebates with drug manufacturers of brand medications. Manufacturer rebates are passed on to plan sponsors and are used to offset pharmaceutical claims expenses.

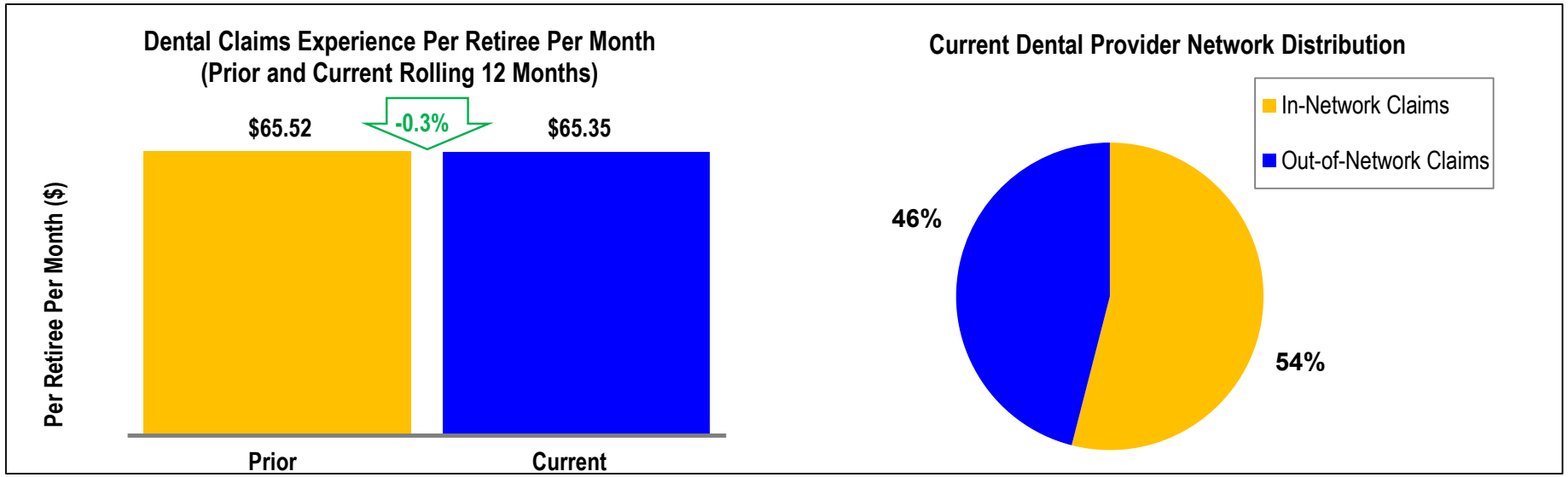
**Note:**

1. Prescription Claims and Rebates Data were provided by CVS.
2. Anthem Prudent Buyer prescription drugs are provided by CarelonRx and are not included in the charts above.

# Los Angeles County Employees Retirement Association

Cigna Dental & Vision Claims Experience

*Coverage Month Ending March 2025*




Notes:

1. Figures above are based on most recent 12 months of Claims Experience through Coverage Month.
2. Dental Claims Experience reflects passive use of Cigna's PPO Dental Network.

Segal

Compliance News | April 22, 2025

# Implications of Medicare Changes for Group Health Plans

The Centers for Medicare & Medicaid Services (CMS) has released its annual guidance on Medicare payment policies for Medicare Advantage and Part D prescription drug plans. The guidance permits most sponsors of group health plans that annually calculate whether their coverage is creditable for Medicare Part D purposes to use either existing calculation methods or a revised simplified determination for 2026 benefit designs.

This insight reviews key information in the guidance relevant to sponsors of group health plans.

# Background

Many Medicare-eligible participants are enrolled in employer-sponsored group health plans, usually as active employees. Group health plan sponsors must provide these plan participants with a Notice of Creditable Coverage informing them whether the plan is creditable, meaning it has an actuarial value that equals or exceeds the actuarial value of defined standard prescription drug coverage under Part D. If the plan is creditable, the employee does not need to take any action and may remain in the group health plan. However, if the coverage is non-creditable and a Medicare-eligible participant fails to enroll in a Part D plan, they can be subject to a higher Part D premium when they do enroll in Part D. Medicare-eligible participants would incur a late enrollment penalty if they experience a continuous period of 63 days during which they are enrolled in a non-creditable drug plan.

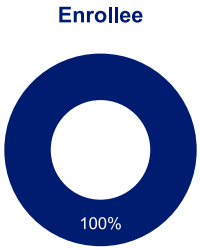
The Inflation Reduction Act made substantial improvements to the value of the standard Part D prescription drug benefit, as we discussed in our September 29, 2022 insight. Consequently, in the absence of additional guidance, group health plan coverage generally would have to be richer to meet the creditable coverage standard.

## Impact on cost sharing

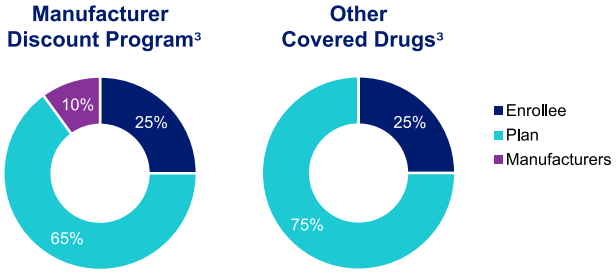
The chart below shows 2026 cost sharing for individuals in a standard Medicare Part D prescription drug plan, starting with no coverage at the top and ending with catastrophic coverage at the bottom.

### Medicare Part D Cost Sharing in 2026

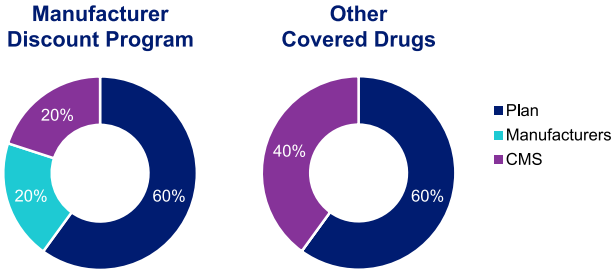
**No Part D Coverage**
Lasts until enrollee meets the $615 deductible[1]




**Initial Coverage**
Begins after enrollee meets the $615 deductible; lasts until the $2,100 out-of-pocket threshold is reached[2]




**Catastrophic Coverage**
Begins after enrollee meets the $2,100 out-of-pocket threshold




[1] In 2025, the deductible is $590.
[2] In 2025, the threshold is $2,000.
[3] EGWPs are permitted to design benefits during the initial coverage period in a design appropriate for their workforce but must still apply the deductible and new out-of-pocket annual maximum.

## Creditable coverage determination

When testing to determine whether a group health plan offers creditable coverage, plans have historically been able to use a simplified methodology, rather than performing an actuarial evaluation. (However, plans that receive money from the federal government under the Retiree Drug Subsidy (RDS) program still must perform the actuarial evaluation.)

In the final guidance, which was issued on April 7, 2025, CMS states that plans that cover active employees may use a revised "simplified determination methodology" for determining creditable coverage for 2026. Under the revised simplified determination methodology, group health plan coverage will be creditable if it meets the following standards:

- Provides reasonable coverage for brand-name and generic prescription drugs and biological products
- Provides reasonable access to retail pharmacies
- Is designed to pay, on average, at least 72 percent of participants' prescription drug expenses (versus 60 percent under the previous methodology)

The final guidance does not define what is considered "reasonable."

CMS will permit group health plans that do not receive the RDS to use either the existing simplified determination methodology or the revised simplified determination methodology to determine whether prescription drug coverage under 2026 group health plans is creditable. This policy is applicable to 2026 only.

CMS expressed concern that it was important to minimize potential risks to Medicare-eligible participants who may no longer have creditable coverage through their group health plan because of the increase in the value of the Part D benefit. However, CMS stated that for 2027 testing, it intends to propose to no longer permit use of the existing simplified determination methodology. In 2027, plans would have to use either the revised simplified determination methodology or actuarial equivalence testing to determine creditable coverage.

## Other Medicare news

In the same payment notice, CMS announced an effective growth rate of 9.04 percent — a calculation of increases in cost of services under traditional fee-for-service Medicare. Based on costs incurred during the entire year of 2024, the final rate was significantly higher than the proposed 5.93 percent rate in the 2026 Advance Notice.

The higher growth rate means that Medicare Advantage plans will receive a 5.06 percent payment increase in 2026. Plan sponsors that contract with a Medicare Advantage plan should consult with their professional advisors about the impact of that increase on their plans.

In a separate rule, CMS also finalized regulations that implement technical changes to the Medicare program. Notably, CMS withdrew its proposal to require Medicare Advantage plans to cover glucagon-like peptide 1 (GLP-1) medications for obesity treatment.

## Action items

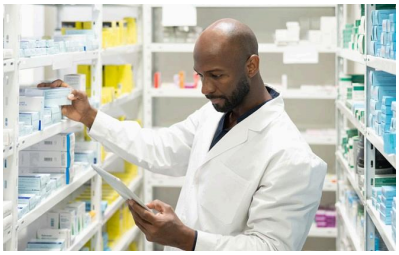
Plan sponsors will need to decide which creditable coverage determination methodology to use for 2026.

Segal

Compliance News | April 23, 2025

# Executive Order Seeks to Lower Prescription Drug Prices

On April 15, 2025, President Trump signed a broadly written executive order seeking to lower drug prices and take initiatives to reduce healthcare costs. The order instructs federal departments to timely issue regulations implementing it or, if appropriate, work with Congress to identify statutory changes necessary to address drug prices.



This insight identifies the issues included in the executive order and the time frames for further action by the government. The executive order does not require any action by group health plan sponsors now.

## Using ERISA to address concerns about PBM compensation

The executive order requires the Department of Labor to propose regulations under ERISA Section 408(b)(2) to improve transparency into the direct and indirect compensation received by pharmacy benefit managers (PBMs). An accompanying fact sheet states that the order intends to improve disclosure of fees that PBMs pay to brokers for steering employers to use their services.

These regulations, which are due within 180 days (October 12, 2025) would likely reflect similar proposals in Congress to require fiduciaries to ensure that service provider contracts with PBMs require disclosure of specific information. In some proposals, plan fiduciaries could be required to attest that their contracts contain such information, similar to the "gag-clause" attestation currently in existence. (We discussed these attestations in our March 10, 2023 insight.)

## Additional efforts to address competition

The executive order requires the Department of Health and Human Services (HHS), together with the Justice Departments, the Commerce Department and the Federal Trade Commission (FTC), to conduct joint public listening sessions and issue a report with recommendations to reduce anti-competitive behavior from pharmaceutical manufacturers. The FTC has previously issued two reports critical of the vertically integrated and highly concentrated markets in which PBMs operate. However, the administration recently put on hold administrative litigation the FTC filed in the previous administration that challenged several PBMs for allegedly engaging in anticompetitive and unfair rebating practices artificially inflated the list price of insulin. (For information about the FTC reports and the litigation, refer to our August 26, 2024 article.)

The executive order also requires that recommendations to the President within 90 days (July 14, 2025) on how best to promote a more competitive, efficient, transparent and resilient pharmaceutical value chain that delivers lower drug prices for Americans.

## Drug importation

The executive order requires the FDA to take steps within 90 days (July 14, 2025) to streamline and improve the drug importation program under Section 804 of the Federal Food, Drug, and Cosmetic Act and the State Implementation Program (SIP) Pathways created under the first Trump administration, which would permit drug importation from Canada.

Several states have filed SIP requests, and Florida's program was approved on January 5, 2024. Colorado, Florida, Maine, New Hampshire, New Mexico, North Dakota, Vermont and Wisconsin have laws allowing for a state drug importation program; six of these states have submitted Section 804 Importation Program proposals and are awaiting FDA approval.

However, on April 16, 2025, the administration announced that the Commerce Department would commence a national security investigation of imports of pharmaceuticals and pharmaceutical ingredients under Section 232 of the Trade Expansion Act. This investigation could lead to tariffs in the sector, which could impact the viability of an importation program.

## Medicare drug price negotiations

The Inflation Reduction Act required the Centers for Medicare & Medicaid Services (CMS) to identify high-cost prescription drugs and negotiate prices, which will take effect January 1, 2026. CMS has published a list of the 10 drugs for which it has negotiated prices for 2026, including blockbusters Eliquis®, Jardiance® and Xarelto®. It has also published a list of drugs for 2027, which includes the expensive glucagon-like peptide-1 (GLP-1) drugs Ozempic® and Wegovy®, and has begun the second cycle of price negotiations.

The executive order directs the Secretary of HHS to propose and seek comment on guidance for the 2028 drug list within 60 days (June 14, 2025) and to improve the transparency of the program, prioritize the selection of high-cost drugs and minimize any negative impacts of the negotiated prices on pharmaceutical innovation within the United States. The order does not indicate that the drug negotiation program will be curtailed, but states that its administratively complex and expensive regime has thus far produced much lower savings than projected.

Additionally, the executive order notes that the drug-negotiation program draws a distinction between large- and small-molecule medicines and allows price negotiation for small-molecule medicines nine years after FDA approval, compared with 13 years for large-molecule biologics. The executive order states that this discrepancy, which it calls the "pill penalty" because small-molecule prescription drugs are usually in tablet or capsule form, threatens to distort innovation by pushing investment "towards expensive biological products, which are often indicated to treat rarer diseases, and away from small molecule prescription drugs, which are generally cheaper and treat larger patient populations." The executive order directs the HHS Secretary to work with Congress to modify the drug price negotiation program to align the treatment of the two types of medications.

## Changes to the Medicare Part D program

The executive order states that the Inflation Reduction Act's changes to the Medicare Part D program led to inflated premiums and diminished coverage choices for seniors, prompting a taxpayer-funded bailout of insurance companies offering Part D plans. This could be a reference to the premium stabilization program implemented for 2025 that made additional payments to Part D plans to offset the higher costs of the Part D benefit.

The executive order requires that the HHS Secretary, together with other health leaders in the administration, provide recommendations to the President within 180 days (October 12, 2025) on how best to stabilize and reduce Medicare Part D premiums. It is unclear how the CMS would implement this directive because most changes to the Part D benefit were statutory.

## Site-neutral payment reforms

The executive order directs HHS to propose regulations within 180 days (October 12, 2025) to ensure that Medicare is not encouraging outpatient drug administration at more costly hospital outpatient departments rather than at physician offices. This "site-neutral" payment reform supports the idea that the rates Medicare pays for a treatment or service is the same regardless of where it is delivered.

Site-neutral payment reform has been the subject of debate in Congress, and many advocates seek to have policies created that would make the policy applicable to employer-sponsored group health plans as well.

## Modifications to the Section 340B program

The executive order contains a provision that affects the 340B program that permits hospitals and clinics that treat low-income individuals to allow those patients to purchase outpatient prescription drugs at discounted prices. The HHS Secretary must act within 90 days (July 14, 2025) to ensure these hospitals and clinics provide insulin and injectable epinephrine to low-income patients at the 340B discounted price.

Additionally, within 180 days (October 12, 2025), the HHS Secretary must publish a plan to conduct a survey to determine the hospital acquisition costs for covered outpatient drugs at hospital outpatient departments. Thereafter, the Secretary will consider and propose appropriate adjustments to align Medicare payment with the cost of acquisition.

## Additional issues

Other provisions of the executive order seek to address additional aspects of drug regulation. Within 180 days (October 12, 2025), the FDA must issue a report providing administrative and legislative recommendations to accelerate approval of generics, biosimilars, combination products and second-in-class, brand-name medications and improve the process through which prescription drugs can be reclassified as over-the-counter medications.

Additionally, the executive order directs HHS to select for testing within one year a payment model to improve the ability of the Medicare program to obtain better value for high-cost prescription drugs and biologicals, including those not subject to the drug-negotiation program.

Finally, with respect to Medicaid, the executive order directs the development of recommendations to be presented to the president within 180 days (October 12, 2025) on how to ensure that manufacturers pay accurate Medicaid drug rebates, promote innovation in Medicaid drug payment methodologies, link payments for drugs to the value obtained and support states in managing drug spending.

## Implications for plan sponsors

The executive order includes multiple policy initiatives, some of which are already in development and others that are nascent, undefined proposals. Many of the initiatives that could affect group health plan sponsors have more definition, such as proposals to require fee disclosure concerning PBM payments. Others are aspirational, indicating the focus of resources on cost control. Still other proposals require congressional action or amendment to existing laws, such as the site-neutral payment initiatives and modifications to the Part D prescription drug program.

The push forward on developing controls on prescription drug costs comes at the same time as extensive reductions in force at responsible agencies, such as the FDA. Other environmental factors, such as potential tariffs on pharmaceuticals, could affect both importation programs and the cost of drugs.

Sponsors of group health plans should be aware of these proposals, monitor initiatives proposed by the federal departments and review the impact of potential legislation on their benefit plans.

If you're on our mailing list, we'll keep you informed of developments.